



2001
DATA
COMPENDIUM

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Centers for Medicare & Medicaid Services

U.S. Department of Health and

Human Services

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The Centers for Medicare & Medicaid Services (CMS), formerly known as the Health Care Financing Administration, is responsible for administration of the Medicare, Medicaid and State Children's Health Insurance Program (SCHIP). Our payments and program policies have significant and far-reaching effects on beneficiaries, providers, and payers. Understanding these effects and their causes is essential to the planning and implementation of changes to the health care delivery system.

The Data Compendium contains historic, current and projected data on Medicare enrollment and Medicaid recipients, expenditures and utilization. Data pertaining to budget, administrative/operating costs, individual income, financing, and health care providers/suppliers are also included. National data not specific to the Medicare or Medicaid programs may be found throughout the publication.

This compendium has been prepared for several years for CMS's Leadership as a reference document and as a supplement to briefing materials for legislative initiatives. It was compiled by the Systems, Technical and Analytic Resources Group, Office of Strategic Planning with major contributions from the various Centers and Offices in CMS. Data supplied by professional organizations and other Federal agencies are gratefully acknowledged.

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U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
Office of Strategic Planning
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TABLE OF CONTENTS

| | Page |
|--|-------------|
| I. Budget Overview | 1 |
| o CMS Disbursements | 2 |
| o Program Benefit Payments | 3 |
| o Program Benefit Payments Per Enrollee | 4 |
| o Benefit Outlays by Program | 5 |
| II. Expenditures | 6,7 |
| Medicare | |
| o CMS Benefit Payments by Major Program Service Categories | 8 |
| o Trust Fund Projections | 9 |
| o Benefit Payments by Type of Benefit | 9 |
| Medicaid | |
| o Payments by Basis of Eligibility | 10 |
| o Payments by Type of Service and Basis of Eligibility | 10 |
| o Payments by Type of Service | 11 |
| National | |
| o Health Care by Type of Expenditure | 12 |
| o CMS Benefit Payments by Major Personal Health Expenditure Service Categories | 13 |
| o Health Care Trends in Public versus Private Funding | 14 |
| o Health Care Source of Funds | 15 |
| o Personal Health Care Source of Funds | 16 |
| o Medical Care Price Indicators | 17,18 |
| III. Administrative/Operating | 19 |
| Medicare | |
| o Trust Fund Operations | 20,21 |
| o SMI Trust Fund Income | 22 |
| o Ratio of SMI Benefit Payments to Premium Income | 23 |
| o Administrative Expenses | 24 |
| o Operating Data: Contractors, Claims Processing, Appeals | 25 |
| o Physician/Supplier Claims Charge Reductions | 26 |
| o Charge Determination Data for Physician/Supplier Claims | 27 |

| | |
|---|-------|
| Medicaid | |
| o Administrative Expenses | 28 |
| IV. Populations | 29 |
| Medicare | |
| o Enrollees | 30 |
| o Enrollment/Demographics | 31,32 |
| o State Buy-Ins for SMI | 33 |
| Medicaid | |
| o Person Years and Recipients | 34 |
| o Recipient Demographics | 35 |
| National | |
| o Life Expectancy at Birth and at Age 65 | 36,37 |
| V. Utilization | 38 |
| Medicare | |
| Short-Stay Hospital | |
| o Utilization | 39 |
| o Days per Person by Days of Care | 40 |
| o Discharges by Length of Stay | 41 |
| o Diagnostic Related Group Ranking | 42,43 |
| Part B | |
| o Leading Part B Procedure Codes Based on Allowed Charges | 44-46 |
| o Leading Part B BETOS Procedures Based on Allowed Charges | 47 |
| Beneficiaries Served | |
| o Persons Served by Type of Coverage | 48 |
| o Persons Served by Type of Service | 48 |
| o Use of Selected Types of Long-Term Care | 49 |
| o End Stage Renal Disease Care by Approved Facilities | 50 |
| o National Summary of Utilization for Home Health Agencies, Hospice, Skilled Nursing Facilities, and Outpatient Facilities | 51 |
| Medicaid | |
| o Recipients by Type of Service | 52 |
| o Units of Service | 52 |
| National | |
| o Community Hospital Utilization Trends | 53 |

| | |
|---|-------|
| VI. Providers/Suppliers | 54 |
| Medicare/Medicaid | |
| o Medicare Hospital Status | 55 |
| o Medicare Inpatient Hospital | 56 |
| o Other Medicare Providers and Suppliers | 56 |
| o Selected Medicare Facilities by Type of Control | 57 |
| o Medicare PIP Facilities | 57 |
| o Medicare Participating Physician Program | 58 |
| o Medicare Assigned Claims | 58 |
| o Medicare Participating Physician Program by Specialty | 59 |
| o Medicare Benefit and Premium Summary M + C Coordinated Care Plans | 60 |
| o Medicare Contracts with Prepaid Organizations | 61 |
| o Medicare Summary of Monthly Risk Contracts | 62 |
| o Medicare Summary of Risk and Cost Contracts by Category | 63 |
| National | |
| o Active Physicians | 64 |
| o Active Federal and Non-Federal Physicians by CMS Region | 65 |
| o Physician Specialty Summary | 66 |
| o Physician Income and Expenses by Specialty | 66 |
| o Physician Income and Expenses | 67 |
| o Physician Registry by Specialty | 68,69 |
| VII. State Data | 70 |
| Expenditures | |
| o Medicare Estimated Benefit Payments | 71 |
| o Medicaid Medical Assistance Payments | 72 |
| o Mean Medicaid Outlays | 73 |
| Populations | |
| o Medicare Enrollment | 74,75 |
| o Medicare and Prepaid Enrollment Distribution | 76,77 |
| o Medicaid Beneficiaries | 78 |
| o Medicare State Buy-Ins for Part A and Part B | 79 |
| Utilization | |
| o Medicare Persons Served | 80 |
| o National Community Hospital Care | 81 |
| o Medicare Skilled Nursing Facility Non-Swing Bed Utilization | 82,83 |
| o Medicare Home Health Agency Utilization | 84,85 |
| o Medicare Hospice Utilization | 86,87 |
| Providers/Suppliers | |
| o Medicare Inpatient Hospitals | 88 |
| o Medicare Skilled Nursing Facilities and Certified Beds | 89 |

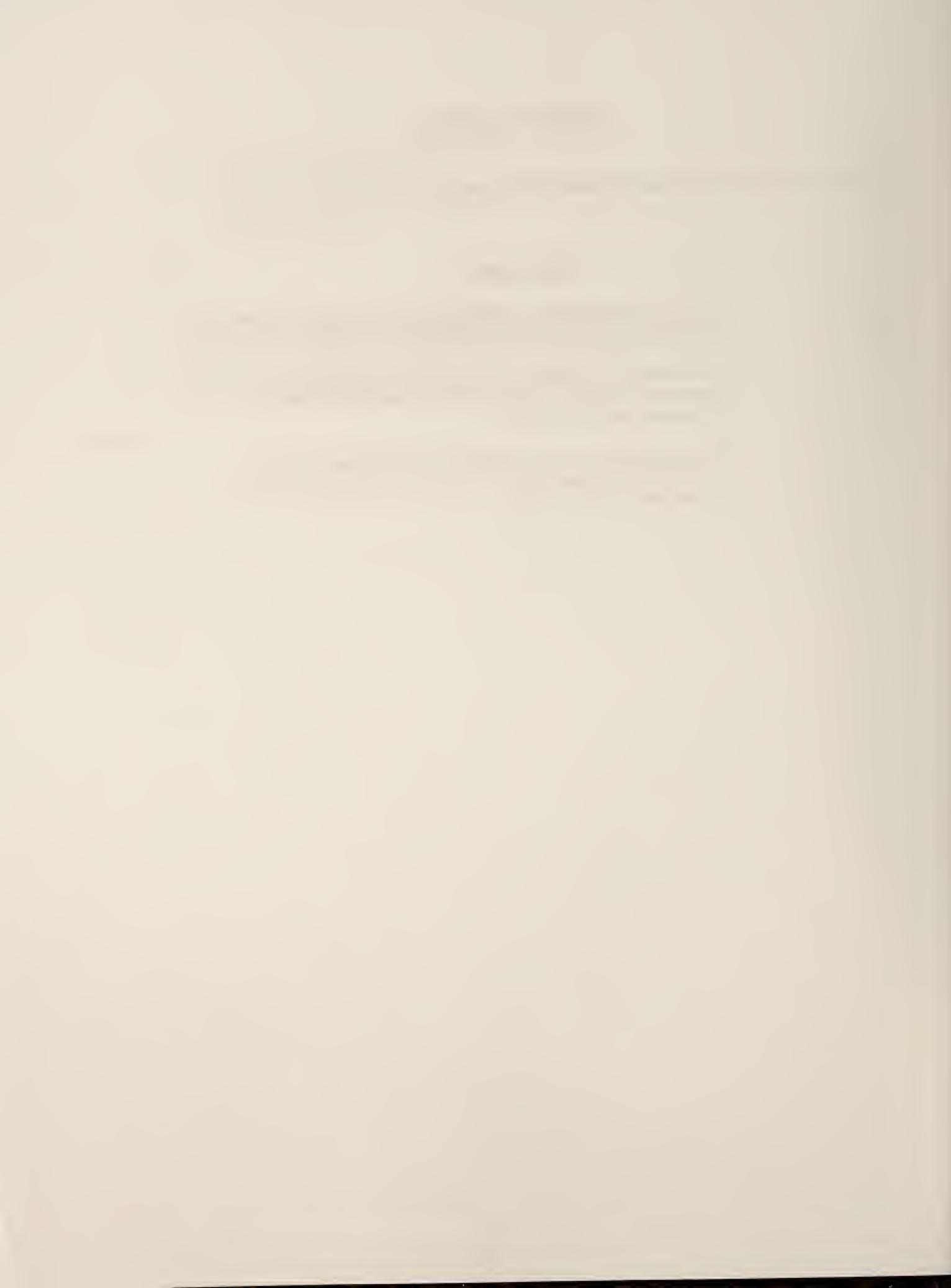
| | | |
|-------|--|-------|
| o | Medicaid Long-Term Care Facilities | 90 |
| o | National Community Hospitals | 91 |
| o | Medicare Part B Participating Physicians and Other Practitioners | 92 |
| o | Medicare Part B Assignment Rates | 93 |
| o | Medicare Physicians | 94 |
| VIII. | Financing | 95 |
| o | Financing of Medicare and Medicaid Programs | 96,97 |
| o | Medicare Cost Sharing and Premium Amounts | 98,99 |
| o | Medicare Annual Maximum Taxable Earnings and HI Contribution Rates | 100 |
| o | Federal Medical Assistance Percentages | 101 |
| o | Federal Medical Assistance Percentages by Region | 102 |
| | Glossary | 103 |

I. BUDGET OVERVIEW

Information about the Federal, DHHS and CMS budgets.

HIGHLIGHTS

- o *Medicare benefit payments are expected to increase by 9.9 percent from 2000 to 2001 and by 5.6 percent from 2001 to 2002.*
- o *Federal and State Medicaid medical assistance payments are expected to increase by 11.8 percent from 2000 to 2001 and by 8.6 percent from 2001 to 2002.*
- o *Program benefit payments for Medicare and Medicaid combined are expected to increase by 11.1 percent from 2000 to 2001 and by 7.2 percent from 2001 to 2002.*



CMS Disbursements
Fiscal Years 2000 - 2002

| | 2000 Actual | 2001 | 2002 | | |
|--|------------------|------------------|------------------|------------------|--|
| | | Current Law | Current Law | Proposed Law | |
| Dollars in millions | | | | | |
| CMS Budget Outlays | | | | | |
| Medicare Benefits | \$214,867 | \$236,141 | \$249,327 | \$249,327 | |
| Medicare Part B Transfer to Medicaid ¹ | 0 | 60 | 65 | 65 | |
| Medicaid Benefits ² | 111,832 | 123,466 | 135,118 | 135,118 | |
| State and Local Administration/Training | 6,089 | 6,837 | 7,901 | 7,901 | |
| State Children's Health Insurance Program (SCHIP) ³ | 1,220 | 2,923 | 3,637 | 3,637 | |
| SCHIP Transfer to Medicaid ⁴ | - | 1,239 | - | - | |
| CMS Program Management ⁵ | 2,014 | 2,208 | 2,402 | 2,402 | |
| Peer Review Organizations | 279 | 505 | 424 | 424 | |
| Health Care Fraud and Abuse Control (HCFAC) ⁶ | 836 | 950 | 1,010 | 1,010 | |
| Other Medicare Administrative Expenses ⁷ | 1,059 | 1,155 | 1,255 | 1,255 | |
| Quinquennial Adjustment (Medicare) ⁸ | - | 1,332 | - | - | |
| Ticket to Work Program (P.L. 106-170) | - | 16 | 29 | 29 | |
| Total Outlays (unadjusted) | \$338,195 | \$376,831 | \$401,166 | \$401,166 | |
| Medicare Premiums | -21,907 | -23,505 | -26,555 | -26,535 | |
| Offsetting Collections ⁹ | -140 | -62 | -62 | -177 | |
| Reimbursables | -3 | | | | |
| HMO Loan Fund Collections | -1 | 0 | 0 | 0 | |
| Total Outlays Net of Medicare Premiums and Offsetting Collections | \$316,144 | \$353,264 | \$374,549 | \$374,454 | |

¹ Medicare transfer to Medicaid for Medicare Part B premium assistance required by section 4732 of the BBA (P.L.105-33).

² Includes not only Medicaid medical assistance payments (MAP) but also Title XIX outlays for the Vaccines for Children Program (FY 2000 - \$547.2 million; FY 2001 - \$775.2 million; FY 2002 - \$795.5 million) and the State Children's Health Insurance Program (FY 2000 -\$550.9 million). Also, in FY 2001, the estimate is reduced by -\$1,239 million to reflect the SCHIP transfer to Medicaid. This transfer, required by section 802 of BIPA (P.L.106-554), reimburses Title XIX for the cost of SCHIP-related Medicaid expansions in fiscal years before FY 2001.

³ Title XXI outlays only. In FY 2000, excludes Title XIX outlays for SCHIP-related Medicaid expansions.

⁴ This transfer, required by section 802 of the BIPA (P.L.106-554), reimburses Title XIX for the cost of SCHIP-related Medicaid expansions in fiscal years before FY 2001.

⁵ Includes user fees and reimbursables.

⁶ Includes HCFAC outlays by CMS and other agencies.

⁷ Medicare-related expenses of other agencies, e.g., Social Security Administration.

⁸ Quinquennial adjustment for military wage credits.

⁹ Offsetting collections from non-Federal sources, e.g., user fees.

NOTES: Fiscal year data. Totals do not necessarily equal the sum of rounded components.

SOURCES: FY 2002 Mid-Session Review; CMS/OFM

September 2001

Program Benefit Payments Selected Fiscal Years

| Fiscal Year | Total | | Medicare ¹ | | Medicaid ² | | SCHIP ³ | |
|--------------------|--------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------|-----------------------|
| | Amount | Annual Percent Change | Amount | Annual Percent Change | Amount | Annual Percent Change | Amount | Annual Percent Change |
| Amount in billions | | | | | | | | |
| Historical | | | | | | | | |
| 1980 | \$57.9 | -- | \$33.9 | -- | \$24.0 | -- | | |
| 1985 | 108.8 | 12.6 | 69.5 | 14.1 | 39.3 | 10.4 | | |
| 1990 | 175.9 | 15.6 | 107.2 | 13.8 | 68.7 | 18.4 | | |
| 1991 | 204.4 | 16.2 | 113.9 | 6.3 | 90.5 | 31.7 | | |
| 1992 | 245.1 | 19.9 | 129.2 | 13.4 | 115.9 | 28.1 | | |
| 1993 | 268.7 | 9.6 | 142.9 | 10.6 | 125.8 | 8.5 | | |
| 1994 | 296.9 | 10.5 | 159.3 | 11.5 | 137.6 | 9.4 | | |
| 1995 | 328.9 | 10.8 | 176.9 | 11.0 | 152.0 | 10.5 | | |
| 1996 | 344.3 | 4.7 | 191.1 | 8.0 | 153.2 | 0.8 | | |
| 1997 | 367.8 | 6.8 | 207.1 | 8.4 | 160.7 | 4.9 | | |
| 1998 | 379.7 | 3.2 | 210.1 | 1.4 | 169.4 | 5.5 | 0.2 | |
| 1999 | 390.5 | 2.8 | 208.3 | -0.9 | 180.8 | 6.7 | 1.3 | 655.2 |
| 2000 | 413.8 | 6.0 | 214.9 | 3.2 | 196.1 | 8.4 | 2.8 | 108.6 |
| Budget | | | | | | | | |
| Current law | | | | | | | | |
| 2001 | 459.6 | 11.1 | 236.1 | 9.9 | 219.3 | 11.8 | 4.2 | 51.0 |
| 2002 | 492.8 | 7.2 | 249.3 | 5.6 | 238.2 | 8.6 | 5.3 | 26.2 |

¹ Includes catastrophic benefits for HI in FY 1990. Does not include Peer Review Organization expenditures.

² Total computable benefit payments (Federal and State combined). Historical data for FYs 1980-1994 reflect total computable medical assistance payments reported by the States on line 11 of the HCFA-64 and predecessor forms. Historical data for FYs 1995-2000 include line 11 total computable medical assistance payments and outlays for the Vaccines for Children Program but do not include total computable Title XIX expenditures for the State Children's Health Insurance Program. Budget data for FYs 2001-2002 reflect current law estimates of total computable medical assistance payments and outlays for the Vaccines for Children Program.

³ Historical data for FYs 1998-2000 include total computable expenditures (Title XIX and Title XXI) reported by the States for the State Children's Health Insurance Program (SCHIP). After FY 2000, there is no longer Title XIX funding of SCHIP. Budget data for FYs 2001-2002 reflect estimates of total computable Title XXI outlays. In FY 2001, the estimate does not include the SCHIP transfer to Medicaid to reimburse Title XIX for the cost of SCHIP-related Medicaid expansions in fiscal years before FY 2001.

NOTE: Percent changes based on unrounded numbers.

SOURCE: CMS/OFM

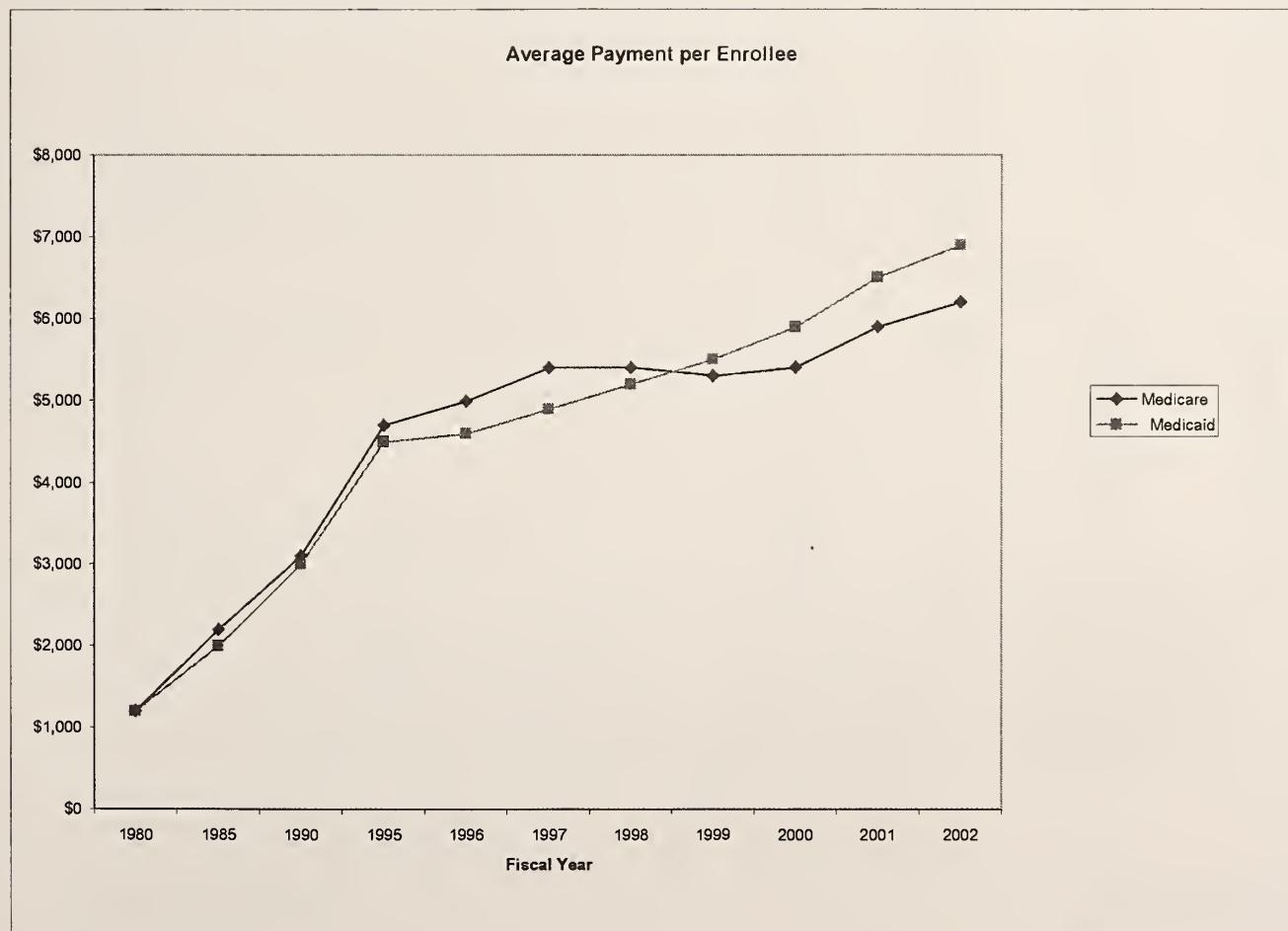
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**Program Benefit Payments Per Enrollee
Selected Fiscal Years**

| Fiscal Year | Medicare | | | Medicaid ² | | | State Children's Health Insurance Program | |
|-------------------|-------------------------------|---------------|----------------------|-----------------------|------------------------|----------------------|---|-------------------------|
| | Benefit Payments ¹ | Enrollees | Average Per Enrollee | Benefit Payments | Enrollees ³ | Average Per Enrollee | Medicaid Expansions ⁴ | Separate State Programs |
| | (In Billions) | (In Millions) | | (In Billions) | (In Millions) | | (In Billions) | (In Billions) |
| 1980 | \$33.9 | 28.3 | \$1,200 | \$24.0 | 19.6 | \$1,200 | | |
| 1985 | 69.6 | 31.0 | 2,200 | 39.3 | 19.8 | 2,000 | | |
| 1990 | 107.4 | 34.1 | 3,100 | 68.7 | 22.9 | 3,000 | | |
| 1995 | 177.1 | 37.4 | 4,700 | 151.8 | 33.4 | 4,500 | | |
| 1996 | 191.3 | 38.0 | 5,000 | 152.9 | 33.2 | 4,600 | | |
| 1997 | 207.3 | 38.4 | 5,400 | 160.3 | 33.0 | 4,900 | | |
| 1998 | 210.3 | 38.8 | 5,400 | 169.0 | 32.5 | 5,200 | \$0.1 | \$0.1 |
| 1999 | 208.5 | 39.1 | 5,300 | 180.5 | 32.8 ⁵ | 5,500 | 0.6 | 0.8 |
| 2000 | 215.1 | 39.5 | 5,400 | 195.7 | 33.4 ⁵ | 5,900 | 1.1 | 1.7 |
| 2001 ⁵ | 236.7 | 39.9 | 5,900 | 218.6 | 33.9 | 6,500 | 1.3 | 2.8 |
| 2002 ⁵ | 249.8 | 40.3 | 6,200 | 237.4 | 34.3 | 6,900 | 1.5 | 3.7 |

¹ Includes PRO and SMI Medicaid transfer expenditures. ²Excludes Medicaid expansion and separate State programs under State Children's Health Insurance Program and payments under Vaccines for Children Program. ³Medicaid enrollees are on a full-year equivalent (person-year) basis. ⁴Beginning in FY 2001, SCHIP Medicaid expansions are funded through Title XXI. See footnote 2, page 2. ⁵Estimated.

NOTES: Current law only. Consistent with data and estimates included in the FY 2002 Mid-Session Review. Medicare benefit payments reflect gross outlays, i.e., not net of offsetting receipts. Medicaid benefit payments reflect both Federal and State expenditures.





**Benefit Outlays by Program
Selected Fiscal Years**

| | 1967 | 1968 | 2000 | 2001 ¹ |
|--|-------|-------|-----------------|-------------------|
| Amounts in billions | | | | |
| Annually | | | | |
| CMS Program Benefit Outlays | \$5.1 | \$8.4 | \$414 | \$460 |
| Federal Outlays | NA | 6.7 | 328 | 364 |
| Medicare | 3.2 | 5.1 | 215 | 236 |
| HI | 2.5 | 3.7 | 126 | 136 |
| SMI | 0.7 | 1.4 | 89 | 101 |
| Medicaid ² | 1.9 | 3.3 | 196 | 219 |
| Federal Share | NA | 1.6 | 111 | 125 |
| State Children's Health Insurance Program (SCHIP) ³ | NA | NA | 3 | 4 |
| Federal Share | NA | NA | 2 | 3 |
| In millions | | | | |
| Monthly | | | | |
| CMS Program Benefit Outlays | \$423 | \$702 | \$34 | \$38 |
| Federal Outlays | NA | 561 | 27 | 30 |
| Medicare | 264 | 427 | 18 | 20 |
| HI | 209 | 311 | 10 | 11 |
| SMI | 55 | 116 | 7 | 8 |
| Medicaid ² | 158 | 275 | 16 | 18 |
| Federal Share | NA | 133 | 9 | 10 |
| State Children's Health Insurance Program ³ | NA | NA | 4/ ⁴ | 4/ ⁴ |
| Federal Share | NA | NA | 4/ ⁴ | 4/ ⁴ |
| In thousands | | | | |
| Hourly | | | | |
| CMS Program Benefit Outlays | \$579 | \$962 | \$47 | \$52 |
| Federal Outlays | NA | 768 | 37 | 42 |
| Medicare | 362 | 585 | 25 | 27 |
| HI | 286 | 426 | 14 | 15 |
| SMI | 76 | 159 | 10 | 11 |
| Medicaid ² | 217 | 377 | 22 | 25 |
| Federal Share | NA | 183 | 13 | 14 |
| State Children's Health Insurance Program ³ | NA | NA | 5/ ⁵ | 5/ ⁵ |
| Federal Share | NA | NA | 5/ ⁵ | 5/ ⁵ |
| In thousands | | | | |
| Minutely | | | | |
| CMS Program Benefit Outlays | \$10 | \$16 | \$787 | \$874 |
| Federal Outlays | NA | 13 | 624 | 692 |
| Medicare | 6 | 10 | 409 | 449 |
| HI | 5 | 7 | 240 | 258 |
| SMI | 1 | 3 | 169 | 191 |
| Medicaid ² | 4 | 6 | 373 | 417 |
| Federal Share | NA | 3 | 212 | 238 |
| State Children's Health Insurance Program ³ | NA | NA | 5 | 8 |
| Federal Share | NA | NA | 3 | 5 |

¹ Estimated. ² These amounts include total computable (Federal and State) medical assistance payments and outlays for the Vaccines for Children Program. In FY 2000, Title XIX outlays for the State Children's Health Insurance Program are excluded. In FY 2001, the federal share amount is not offset by the SCHIP transfer to Medicaid (\$1.2 billion). This transfer, required by section 802 of BIPA (P.L.106-554), reimburses Title XIX for the cost of SCHIP-related Medicaid expansions in fiscal years before FY 2001. ³ In FY 2000, the total computable and federal share amounts reflect both Title XIX and Title XXI funding of SCHIP. In FY 2001, the total computable and federal share amounts reflect only Title XXI funding of SCHIP. After FY 2000, there is no longer Title XIX funding of SCHIP. ⁴ Less than \$400 million.

⁵ Less than \$500,000.

NOTES: Fiscal year data. Totals may not equal the sum of rounded components. For FYs 2000 and 2001, rounded annual benefit outlays used to derive monthly (12), hourly (8,760) and minutely (525,600) outlays.

SOURCE: CMS/OFM

September 2001

II. EXPENDITURES

Information about proposed, current and past spending for health care by Medicare, Medicaid, CMS, the Department and the nation as a whole.

Health care spending is shown for CMS programs and national aggregates over time. Data are shown by type of service, source of funds and broad beneficiary eligibility categories.

HIGHLIGHTS

- o *Medicare spending between fee-for-service (FFS) and managed care is expected to fluctuate between 2000 and 2002, with managed care's share of total benefit payments accounting for 18.5 percent in 2000, decreasing to 17.8 percent in 2001 and decreasing to 14.4 percent in 2002.*
- o *Medicare FFS benefit payments for inpatient hospital care are projected to increase 8.7 percent from fiscal year 2000 to 2001. During the same period of time, FFS physician and supplier payments under Medicare are expected to increase 10.7 percent.*
- o *Spending for FFS inpatient hospital services as a share of total Medicare spending decreased from 64.9 percent in 1983 to a projected 39.8 percent in 2001.*
- o *The financing for home health care shifted dramatically from Part A to Part B because of the Balanced Budget Act of 1997. In 2001, Part A HHA benefit payments accounted for \$3.3 billion, a decline of 28 percent from \$4.6 billion in 2000. Comparably, Part B HHA payments increased from \$4.6 billion in 2000 to nearly \$6.3 billion in 2001, an increase of 38 percent.*
- o *Total Medicaid payments increased by 73 percent from 1985 to 1990 and by another 68 percent from 1990 to 1999 to reach \$109.1 billion in 1999.*

Medical care price indexes continue to increase at a faster rate than the "All Item" Consumer Price Index.

- o *In recent years, changes in the CPI for all items have lagged considerably behind outpatient and physician services.*
- o *In 2000, the CPI for all items increased by 3.2 percent, compared to 1.9 percent for the previous year. The percent increases for outpatient and physician services in 2000 were 6.9 and 3.4, respectively, compared to 4.9 and 3.0 in 1999.*
- o *Public funding for NHE has grown significantly from 24.9 percent in 1965 to 45.3 percent in 1999.*
- o *Likewise, private funding for NHE declined from 75.1 percent in 1965 to 54.7 percent in 1999.*

CMS Benefit Payments by Major Program Service Categories
Fiscal Year 1999

| Type of Service | Amount | Total Program Payments | | Medicare ¹ | | Medicaid ² | |
|--------------------|-----------|------------------------|----------------------|-----------------------|---------------------|-----------------------|--------|
| | | Percent Distribution | Amount | Percent Distribution | Amount | Percent Distribution | Amount |
| Amount in millions | | | | | | | |
| Total | \$388,896 | 100.0 | \$208,435 | 100.0 | \$180,461 | 100.0 | |
| Inpatient Hospital | 131,842 | 33.9 | 106,308 ³ | 51.0 | 25,534 | 14.1 | |
| Nursing Facilities | 47,880 | 12.3 | 11,488 | 5.5 | 36,392 ⁷ | 20.2 | |
| Other Nursing Home | 9,979 | 2.6 | — | — | 9,979 | 5.5 | |
| Home Health | 25,835 | 6.6 | 9,399 | 4.5 | 16,436 | 9.1 | |
| Physician Services | 66,583 | 17.1 | 61,027 ⁴ | 29.3 | 5,556 | 3.1 | |
| Outpatient | 22,151 | 5.7 | 15,633 ⁵ | 7.5 | 6,518 | 3.6 | |
| Clinic | 5,010 | 1.3 | (5) | — | 5,010 | 2.8 | |
| Prescribed Drugs | 13,684 | 3.5 | — | — | 13,684 | 7.6 | |
| Other Care | 65,931 | 17.0 | 4,579 ⁶ | 2.2 | 61,352 ⁸ | 34.0 | |

¹ Estimated.

² Payments (Federal and State) from the financial reporting system includes premiums and capitation amounts.

³ Includes inpatient hospital (\$85,696 million), PRO (\$177 million), and Part A managed care (\$20,435 million).

⁴ Includes physicians, other practitioners, durable medical equipment, ambulatory surgical center facility costs, and other Part B suppliers (total of \$44,057 million) and Part B managed care (\$16,970 million).

⁵ Covered clinic services are included under outpatient.

⁶ Includes hospice (\$2,494 million) and clinical laboratory services furnished in a physician's office and an independent laboratory (\$2,085 million).

⁷ Nursing facilities include skilled nursing facilities and intermediate facility services for all other than the mentally retarded.

⁸ Includes dental (\$1,617 million), other practitioners (\$929 million), laboratory and radiological services (\$562 million), early periodic screening (\$809 million), rural health services (\$278 million), targeted case management (\$154 million), primary care case management (\$154 million), disproportionate share payments (\$15,548 million), Medicare-related premium payments (\$4,574 million), other capitation premiums (\$27,096 million), prior adjustments and collections (\$13 million net), and other care (\$8,241).

NOTES: Percent distribution based on rounded numbers. Total includes service "Unknown" data which are not reflected in this table. Totals do not necessarily equal the sum of rounded components.

SOURCE: CMS/OACT

September 2001

Medicare Trust Fund Projections Fiscal Years 2000 - 2002

| | 2000 | 2001 | 2002 |
|--|-----------|-----------|-----------|
| Amount in millions | | | |
| HI Total Disbursements ¹ | \$130,031 | \$143,159 | \$146,864 |
| HI Administrative Expenses ² | 1,497 | 1,879 | 1,923 |
| HI Benefit Payments | 125,992 | 135,503 | 141,590 |
| Aged | 110,148 | 118,177 | 123,104 |
| Disabled | 15,844 | 17,326 | 18,486 |
| HCFAC ³ | 836 | 950 | 1,010 |
| HI Transfer to SMI for Home Health | 1,706 | 3,495 | 2,341 |
| Quinquennial Adjustment | -- | 1,332 | -- |
| SMI Total Disbursements ¹ | 88,992 | 99,129 | 107,555 |
| SMI Administrative Expenses ² | 1,824 | 1,926 | 2,094 |
| SMI Benefit Payments | 88,875 | 100,638 | 107,737 |
| Aged | 76,506 | 86,402 | 91,945 |
| Disabled | 12,369 | 14,235 | 15,792 |
| SMI Transfer to Medicaid ⁴ | -- | 60 | 65 |
| HI Transfer to SMI for Home Health | (1,706) | (3,495) | (2,341) |

¹ Current law data. Totals do not necessarily equal the sum of rounded components. ² Administrative expenses include the sum of administrative costs, research, and PRO expenditures. ³ Net Health Care Fraud and Abuse Control outlays as reported in the Treasury Annual Report. ⁴ SMI Transfer to Medicaid for Medicare Part B premium assistance.

NOTES: Based on FY 2002 Mid-Session Review. Benefit estimates do not reflect proposed legislation. Totals do not necessarily equal the sum of rounded components.

SOURCES: CMS/OACT and CMS/OFM

Medicare Benefit Payments by Type of Benefit Fiscal Years 2000 - 2002

| | Benefit Payment ¹ | | | Percent Distribution 2002 |
|-------------------------------------|------------------------------|-----------|-----------|---------------------------------|
| | 2000 | 2001 | 2002 | |
| Amount in millions | | | | |
| Total HI ² | \$125,992 | \$135,503 | \$141,590 | 100.0 |
| Inpatient Hospital | 86,477 | 93,967 | 99,614 | 70.4 |
| Skilled Nursing Facility | 10,626 | 12,172 | 14,112 | 10.0 |
| Home Health Agency | 4,608 ³ | 3,321 | 4,664 | 3.3 |
| Hospice | 2,818 | 3,319 | 3,580 | 2.5 |
| Managed Care | 21,463 | 22,724 | 19,620 | 13.9 |
| Total SMI ² | 88,875 | 100,638 | 107,737 | 100.0 |
| Physician/Other Suppliers | 47,683 | 52,799 | 57,397 | 53.3 |
| Outpatient Hospital/Other Providers | 14,451 | 18,154 | 20,853 | 19.4 |
| Home Health Agency | 4,570 ³ | 6,301 | 8,860 | 8.2 |
| Laboratory | 3,823 | 4,098 | 4,292 | 4.0 |
| Managed Care | 18,348 | 19,286 | 16,335 | 15.2 |

¹ Includes the effect of regulatory items and recent legislation but not proposed law. ² Excludes PRO expenditures.

³ Distribution of home health benefits between the trust funds reflects the actual outlays as reported by the Treasury.

NOTES: Based on FY 2002 Mid-Session Review. Benefits by type of service are estimated and are subject to change. Totals do not necessarily equal the sum of rounded components.

SOURCES: CMS/OACT and CMS/OFM

September 2001

**Medicaid Payments by Basis of Eligibility
Selected Fiscal Years**

| | Payments | | | | | Percent Distribution 1999 |
|---|----------|----------|-----------|-----------|-------------------|------------------------------|
| | 1985 | 1990 | 1995 | 1998 | 1999 ¹ | |
| Amount in millions | | | | | | |
| Total | \$37,508 | \$64,859 | \$120,141 | \$142,318 | \$109,069 | 100.0 |
| Age 65 and over | 14,096 | 21,508 | 36,527 | 40,602 | 27,116 | 24.9 |
| Blind/Disabled | 13,452 | 24,403 | 49,418 | 60,375 | 43,371 | 39.8 |
| Dependent Children under Age 21 | 4,414 | 9,100 | 17,976 | 20,459 | 17,446 | 16.0 |
| Adults in Families with Dependent Children | 4,746 | 8,590 | 13,511 | 14,833 | 10,455 | 9.6 |
| Other/Unknown | 798 | 1,051 | 1,499 | 6,048 | 10,681 | 9.8 |

¹ Not all States reporting.

NOTES: Beginning in FY 1998, payments include capitated payments as a type of service category. Totals do not necessarily equal the sum of rounded components due to the inclusion of data for individuals with unconfirmed eligibility status at the time of payment.

SOURCE: CMS/CMSO

**Medicaid Payments by Type of Service and Basis of Eligibility
Fiscal Year 1999**

| | Total Payments | Inpatient Hospital Services | Long-Term Care Services ¹ | Other Services |
|-----------------------|-------------------|-----------------------------------|--|-------------------|
| | | Percent Distribution | | |
| All Groups | 100.0 | 14.5 | 37.5 | 48.0 |
| Age 65 and over | 24.9 | 0.8 | 16.9 | 7.2 |
| Blind and Disabled | 39.8 | 6.0 | 10.1 | 23.7 |
| Children under Age 21 | 16.0 | 3.1 | 3.5 | 9.4 |
| AFDC-Type Adults | 19.4 | 4.7 | 7.0 | 7.7 |

¹ Includes services in mental facilities, all nursing facilities, and home health services, and all ICF/MR.

NOTE: Totals do not equal the sum of rounded components due to the exclusion of other Title XIX and unknowns.

SOURCE: CMS/CMSO

September 2001

**Medicaid Payments by Type of Service
Selected Fiscal Years**

| | 1985 | 1996 | 1997 | 1998 | Percent Distribution 1998 |
|------------------------------------|----------|-----------|-----------|-----------|---------------------------------|
| Amount in millions | | | | | |
| Total | \$37,508 | \$121,685 | \$123,551 | \$142,318 | 100.0 |
| Inpatient Services | 10,645 | 27,216 | 25,152 | 24,300 | 17.1 |
| General Hospitals | 9,453 | 25,176 | 23,142 | 21,499 | 15.1 |
| Mental Hospitals | 1,192 | 2,040 | 2,009 | 2,801 | 2.0 |
| Nursing Facilities | 5,071 | 29,630 | 30,504 | 31,892 | 22.4 |
| ICF Services | 10,079 | 9,555 | 9,798 | 9,482 | 6.7 |
| Mentally Retarded | 4,731 | 9,555 | 9,798 | 9,482 | 6.7 |
| All Other | 6,516 | 0 | 0 | 0 | 0.0 |
| Physician Services | 2,346 | 7,238 | 7,041 | 6,070 | 4.3 |
| Dental Services | 458 | 1,028 | 1,036 | 901 | 0.6 |
| Other Practitioner Services | 251 | 1,094 | 979 | 587 | 0.4 |
| Outpatient Hospital Services | 1,789 | 6,504 | 6,169 | 5,759 | 4.0 |
| Clinic Services | 714 | 4,222 | 4,252 | 3,922 | 2.8 |
| Laboratory & Radiological Services | 337 | 1,208 | 1,033 | 939 | 0.7 |
| Home Health Services | 1,120 | 10,868 | 12,237 | 2,702 | 1.9 |
| Prescribed Drugs | 2,315 | 10,697 | 11,972 | 13,522 | 9.5 |
| Family Planning Services | 195 | 474 | 418 | 449 | 0.3 |
| Early and Periodic Screening | 85 | 1,399 | 1,617 | 1,335 | 0.9 |
| Rural Health Clinics | 7 | 302 | 308 | 308 | 0.2 |
| Personal Care Support Services | na | na | na | 8,222 | 5.8 |
| Home /Community Based Services | na | na | na | 6,709 | 4.7 |
| Prepaid Health Care | na | na | na | 19,296 | 13.6 |
| PCCM Services | na | na | na | 134 | 0.1 |
| Other Care | 928 | 10,247 | 11,033 | 4,386 | 3.1 |

¹ Beginning in 1991, nursing facilities include skilled nursing facilities and intermediate care facilities for all other than the mentally retarded.

NOTES: Percent distribution based on rounded numbers. Prior to 1998, vendor payments exclude premiums and capitation amounts. Beginning in FY 1998, payments include capitated payments as a type of service category. Total includes service "Unknown" data which are not reflected in this table

SOURCE: CMS/CMISO

September 2001

National Health Care by Type of Expenditure
Calendar Year 1999

| | National Total in billions | Per Capita | Percent Paid | | |
|------------------------------|----------------------------------|---------------|--------------|----------|-----------------------|
| | | | Total | Medicare | Medicaid ¹ |
| Total | \$1,210.7 | \$4,358 | 33.1 | 17.6 | 15.4 |
| Health Services and Supplies | 1,170.8 | 4,215 | 34.2 | 18.2 | 16.0 |
| Personal Health Care | 1,057.7 | 3,808 | 35.9 | 19.5 | 16.5 |
| Hospital Care | 390.9 | 1,407 | 48.1 | 31.0 | 17.0 |
| Physicians' Services | 269.4 | 970 | 26.9 | 20.3 | 6.6 |
| Nursing Home Care | 90.0 | 324 | 57.7 | 10.7 | 47.0 |
| Other Personal Health Care | 307.4 | 1,107 | 22.1 | 6.6 | 15.5 |
| Other Services and Supplies | 113.1 | 407 | 18.0 | 6.7 | 11.2 |
| Research and Construction | 39.8 | 143 | -- | -- | -- |

¹ Excludes SCHIP and Medicaid SCHIP Expansion.

NOTES: Per capita amounts based on July 1 Census resident population estimates. Totals do not necessarily equal the sum of rounded components.

SOURCES: CMS/OACT and U.S. Bureau of the Census

September 2001

CMS Benefit Payments by Major Personal Health Expenditure Service Categories
Calendar Year 1999

| Type of Service ¹ | Total Program Payments | | Medicare | | Medicaid ⁵ | |
|--|------------------------|----------------------|--------------------|----------------------|-----------------------|----------------------|
| | Amount in billions | Percent Distribution | Amount in billions | Percent Distribution | Amount in billions | Percent Distribution |
| Total | \$380.2 | 100.0 | \$205.9 | 100.0 | \$174.2 | 100.0 |
| Hospital Care | 187.9 | 49.4 | 121.4 | 58.9 | 66.5 | 38.2 |
| Physician and Clinical Services | 72.4 | 19.0 | 54.7 | 26.5 | 17.7 | 10.2 |
| Dentists' Services | 2.3 | 0.6 | 0.1 | 0.0 | 2.2 | 1.3 |
| Other Professional Services ² | 5.5 | 1.4 | 4.1 | 2.0 | 1.4 | 0.8 |
| Home Health Care ³ | 14.3 | 3.8 | 8.7 | 4.2 | 5.6 | 3.2 |
| Prescription Drugs | 19.1 | 5.0 | 2.0 | 0.9 | 17.1 | 9.8 |
| Other Non-Durable Medical Products | 1.2 | 0.3 | 1.2 | 0.6 | -- | -- |
| Durable Medical Equipment | 4.2 | 1.1 | 4.2 | 2.0 | -- | -- |
| Nursing Home Care ⁴ | 52.0 | 13.7 | 9.6 | 4.7 | 42.4 | 24.3 |
| Other Personal Health Care | 21.4 | 5.6 | -- | -- | 21.4 | 12.3 |

¹ Service categories used in this table are based on the National Health Accounts and differ from those used elsewhere to present program data. For example, expenditures for hospital based ICF-MR hospital based nursing homes and hospital based home health services appear as hospital care rather than nursing home care or as home health services.

² Other professional services include private duty nurses, chiropractors, optometrists, and other licensed health professionals.

³ Includes non-facility based home health care and some Medicaid care delivered in homes.

⁴ Freestanding nursing facilities only.

⁵ Excludes Medicaid SCHIP Expansion & SCHIP.

NOTES: Payments under the Medicaid program are more commonly referred to as medical assistance payments which include vendor payments and certain premiums or per capita payments. The Federal share of total Medicaid payments was 58 percent in calendar year 1999.

SOURCE: CMS/OACT

September 2001

**National Health Care Trends in Public versus Private Funding
Selected Calendar Years**

| Calendar Year | GDP in billions | National Health Expenditures | | | | | | Percent of Total | |
|---------------|-----------------|------------------------------|------------|----------------|--------------------|------------|------------------|------------------|--|
| | | Total | | | Private Funds | | | | |
| | | Amount in billions | Per Capita | Percent of GDP | Amount in billions | Per Capita | Percent of Total | | |
| 1965 | \$720 | \$41.0 | \$205 | 5.7 | \$30.8 | \$154 | 75.1 | \$10.2 | |
| 1966 | 789 | 45.1 | 224 | 5.7 | 31.6 | 156 | 70.0 | 13.6 | |
| 1967 | 834 | 50.7 | 249 | 6.1 | 31.8 | 156 | 62.8 | 18.9 | |
| 1970 | 1,040 | 73.1 | 348 | 7.0 | 45.5 | 216 | 62.3 | 27.6 | |
| 1975 | 1,635 | 129.8 | 590 | 7.9 | 74.9 | 340 | 57.7 | 55.0 | |
| 1980 | 2,796 | 245.8 | 1,067 | 8.8 | 141.0 | 612 | 57.4 | 104.8 | |
| 1981 | 3,131 | 285.1 | 1,225 | 9.1 | 163.9 | 704 | 57.5 | 121.2 | |
| 1982 | 3,259 | 321.0 | 1,365 | 9.8 | 186.8 | 794 | 58.2 | 134.3 | |
| 1983 | 3,535 | 353.5 | 1,489 | 10.0 | 206.1 | 868 | 58.3 | 147.4 | |
| 1984 | 3,933 | 388.9 | 1,623 | 9.9 | 228.1 | 952 | 58.7 | 160.8 | |
| 1985 | 4,213 | 426.5 | 1,763 | 10.1 | 252.0 | 1,042 | 59.1 | 174.5 | |
| 1986 | 4,453 | 457.0 | 1,872 | 10.3 | 266.7 | 1,092 | 58.4 | 190.3 | |
| 1987 | 4,742 | 497.5 | 2,018 | 10.5 | 288.8 | 1,172 | 58.1 | 208.7 | |
| 1988 | 5,108 | 557.5 | 2,240 | 10.9 | 331.2 | 1,331 | 59.4 | 226.3 | |
| 1989 | 5,489 | 622.1 | 2,475 | 11.3 | 370.4 | 1,474 | 59.5 | 251.7 | |
| 1990 | 5,803 | 695.6 | 2,737 | 12.0 | 413.2 | 1,626 | 59.4 | 282.4 | |
| 1991 | 5,986 | 761.5 | 2,964 | 12.7 | 441.0 | 1,717 | 57.9 | 320.5 | |
| 1992 | 6,319 | 826.9 | 3,183 | 13.1 | 468.4 | 1,803 | 56.6 | 358.5 | |
| 1993 | 6,642 | 887.6 | 3,379 | 13.4 | 497.3 | 1,893 | 56.0 | 390.3 | |
| 1994 | 7,054 | 936.7 | 3,532 | 13.3 | 509.4 | 1,921 | 54.4 | 427.3 | |
| 1995 | 7,400 | 987.0 | 3,686 | 13.3 | 528.8 | 1,975 | 53.6 | 458.2 | |
| 1996 | 7,813 | 1,038.0 | 3,842 | 13.3 | 553.6 | 2,049 | 53.3 | 484.4 | |
| 1997 | 8,318 | 1,093.9 | 4,011 | 13.2 | 588.0 | 2,156 | 53.8 | 505.8 | |
| 1998 | 8,790 | 1,146.1 | 4,164 | 13.0 | 623.2 | 2,264 | 54.4 | 522.9 | |
| 1999 | 9,299 | 1,210.7 | 4,358 | 13.0 | 662.1 | 2,384 | 54.7 | 548.5 | |

NOTES: These data reflect Bureau of Economic Analysis Gross Domestic Product as of October 2000. Per capita is calculated using Census resident based population estimates.

SOURCES: CMS/OACT; U.S. Bureau of the Census; and U.S. Department of Commerce, Bureau of Economic Analysis

September 2001

National Health Care Source of Funds¹
Selected Calendar Years

| | 1965 | 1970 | 1975 | 1980 | 1985 | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 |
|--------------------------------|--------|--------|---------|---------|---------|---------|---------|---------|---------|---------|---------|-----------|-----------|-----------|-----------|
| Total in billions | \$41.0 | \$73.1 | \$129.8 | \$245.8 | \$426.5 | \$695.6 | \$761.5 | \$826.9 | \$887.6 | \$936.7 | \$987.0 | \$1,038.0 | \$1,093.9 | \$1,146.1 | \$1,210.7 |
| Percent Distribution | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Private Funds | 75.1 | 62.3 | 57.7 | 57.4 | 59.1 | 59.4 | 57.9 | 56.6 | 56.0 | 54.4 | 53.6 | 53.3 | 53.8 | 54.4 | 54.7 |
| Out-of-Pocket | 44.3 | 34.3 | 28.8 | 23.7 | 22.4 | 19.8 | 18.7 | 17.8 | 16.8 | 15.6 | 15.1 | 14.9 | 15.1 | 15.4 | 15.4 |
| Private Health Insurance | 24.6 | 21.3 | 23.4 | 27.8 | 30.4 | 33.4 | 33.2 | 32.9 | 33.3 | 33.0 | 32.7 | 32.5 | 32.5 | 32.9 | 33.1 |
| Other Private | 6.3 | 6.6 | 5.5 | 5.9 | 6.3 | 6.2 | 5.9 | 5.9 | 5.9 | 5.8 | 5.8 | 5.9 | 6.1 | 6.1 | 6.1 |
| Federal Government | 11.4 | 24.0 | 27.8 | 29.0 | 28.6 | 27.7 | 29.1 | 30.4 | 30.9 | 31.9 | 32.8 | 33.4 | 33.1 | 32.2 | 31.8 |
| Medicare | -- | 10.5 | 12.6 | 15.2 | 16.8 | 15.8 | 15.9 | 16.5 | 16.7 | 17.7 | 18.7 | 19.3 | 19.3 | 18.4 | 17.6 |
| Federal Medicaid | -- | 3.9 | 5.7 | 5.9 | 5.3 | 6.1 | 7.4 | 8.2 | 8.6 | 8.7 | 8.7 | 8.9 | 8.7 | 8.7 | 8.9 |
| Other Federal ² | 11.4 | 9.6 | 9.5 | 7.9 | 6.5 | 5.7 | 5.8 | 5.7 | 5.5 | 5.5 | 5.4 | 5.2 | 5.1 | 5.1 | 5.2 |
| State/Local Government | 13.5 | 13.7 | 14.5 | 13.6 | 12.3 | 12.9 | 13.0 | 13.0 | 13.1 | 13.7 | 13.6 | 13.3 | 13.2 | 13.4 | 13.5 |
| State Medicaid | -- | 3.3 | 4.6 | 4.7 | 4.3 | 4.5 | 4.8 | 4.9 | 5.1 | 5.6 | 5.9 | 5.8 | 5.9 | 6.3 | 6.5 |
| Other State/Local ² | 13.5 | 10.4 | 9.9 | 8.9 | 8.0 | 8.4 | 8.2 | 4.6 | 8.0 | 8.1 | 7.7 | 7.5 | 7.2 | 7.1 | 7.0 |

¹ Includes personal health care, expenses for prepayment and administration, government public health activities, and research and medical facilities construction.

² 1998 and later, includes Medicaid SCHIP Expansion and SCHIP.

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: CMS/OACT

September 2001

Personal Health Care Source of Funds¹ Selected Calendar Years

| | 1965 | 1970 | 1975 | 1980 | 1985 | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 |
|------------------------------|--------|--------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|-----------|-----------|
| Total in billions | \$34.7 | \$63.2 | \$113.0 | \$214.6 | \$372.3 | \$609.4 | \$672.1 | \$729.0 | \$775.8 | \$816.5 | \$865.7 | \$911.9 | \$958.8 | \$1,002.3 | \$1,057.7 |
| Percent Distribution | | | | | | | | | | | | | | | |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Private Funds | 79.6 | 60.2 | 59.7 | 60.6 | 59.5 | 58.2 | 57.4 | 55.8 | 55.3 | 54.9 | 55.3 | 56.2 | 56.2 | 56.7 | 56.7 |
| Private Health Insurance | 25.1 | 22.3 | 24.4 | 28.3 | 29.9 | 33.4 | 33.3 | 33.1 | 33.3 | 33.0 | 32.9 | 32.7 | 32.7 | 33.2 | 33.6 |
| Out-of-Pocket | 52.3 | 39.7 | 33.1 | 27.1 | 25.7 | 22.6 | 21.2 | 20.2 | 19.2 | 17.9 | 17.2 | 17.0 | 17.3 | 17.6 | 17.6 |
| Other Private | 2.2 | 2.8 | 2.7 | 4.3 | 5.1 | 5.0 | 4.9 | 4.9 | 5.0 | 4.9 | 5.1 | 5.2 | 5.3 | 5.4 | 5.5 |
| Public Funds | 20.4 | 35.2 | 39.8 | 40.3 | 39.4 | 39.0 | 40.5 | 41.8 | 42.6 | 44.2 | 44.7 | 45.1 | 44.7 | 43.8 | 43.3 |
| Federal ² | 8.1 | 22.8 | 27.1 | 29.2 | 29.4 | 28.6 | 30.0 | 31.4 | 32.3 | 33.5 | 34.3 | 34.9 | 34.6 | 33.5 | 32.8 |
| State and Local ² | 12.3 | 12.3 | 12.7 | 11.1 | 10.0 | 10.5 | 10.5 | 10.4 | 10.3 | 10.7 | 10.5 | 10.2 | 10.1 | 10.3 | 10.5 |

¹ Excludes administrative expenses, research, construction, and other types of spending that are not directed at patient care.

² 1998 and later, includes Medicaid SCHIP Expansion and SCHIP.

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCES: CMS/OACT

September 2001

National Medical Care Price Indicators
(1982-1984=100)
Average Annual Index

| Fiscal Year ¹ | CPI | | | CPI - Medical Care | | | Commodities | | | | |
|-------------------------------|-----------|--------------|--------------|-------------------------------|-------|--------------------------------|--------------------|---------------------|----------------------|-------------------|--------------------|
| | All items | | All Services | Hospital and Related Services | | | | | | | |
| | Total | Less Medical | Total | Total | Total | Hospital Services ² | Inpatient Services | Outpatient Services | Physicians' Services | Total | Prescription Drugs |
| Year Ending June: | | | | | | | | | | | |
| 1965 | 31.2 | 31.7 | 26.3 | 27.0 | 24.9 | 22.3 | -- | -- | -- | 24.6 ³ | 45.0 |
| 1970 | 37.8 | 38.1 | 33.7 | 34.2 | 32.9 | 31.2 | -- | -- | -- | 33.2 | 45.8 |
| 1975 | 51.8 | 52.3 | 46.1 | 46.5 | 45.1 | 44.2 | -- | -- | -- | 45.6 | 51.3 |
| Year Ending September: | | | | | | | | | | | |
| 1980 | 80.0 | 80.4 | 75.4 | 75.6 | 73.0 | 72.9 | 66.9 | -- | -- | 74.6 | 73.6 |
| 1985 | 106.6 | 106.3 | 108.6 | 108.3 | 111.7 | 111.4 | 114.7 | -- | -- | 111.5 | 113.3 |
| 1990 | 128.7 | 126.9 | 137.2 | 135.0 | 159.2 | 158.9 | 173.4 | -- | -- | 135.1 | 158.0 |
| 1991 | 135.2 | 133.0 | 144.7 | 141.9 | 173.7 | 173.7 | 192.0 | -- | -- | 149.9 | 168.2 |
| 1992 | 139.3 | 136.5 | 150.6 | 147.1 | 187.0 | 187.2 | 209.4 | -- | -- | 164.6 | 178.4 |
| 1993 | 143.5 | 140.3 | 156.4 | 152.3 | 198.7 | 200.0 | 227.7 | -- | -- | 180.8 | 188.9 |
| 1994 | 147.3 | 143.8 | 161.9 | 157.3 | 208.6 | 210.7 | 242.4 | -- | -- | 192.4 | 197.7 |
| 1995 | 151.4 | 147.6 | 167.2 | 162.2 | 218.3 | 221.7 | 254.9 | -- | -- | 202.2 | 206.6 |
| 1996 | 155.6 | 151.6 | 172.7 | 167.3 | 226.5 | 230.6 | 266.8 | -- | -- | 212.7 | 214.7 |
| 1997 | 159.8 | 155.6 | 178.1 | 172.6 | 233.1 | 237.5 | 276.4 | 84.3 ⁴ | 84.1 ⁴ | 222.5 | 221.4 |
| 1998 | 162.4 | 158.0 | 183.1 | 177.3 | 240.1 | 244.8 | 285.2 | 104.1 | 103.2 | 230.9 | 227.6 |
| 1999 | 165.5 | 160.9 | 187.6 | 181.6 | 248.4 | 252.9 | 296.1 | 108.1 | 106.7 | 242.2 | 234.5 |
| 2000 | 170.8 | 166.0 | 193.5 | 187.2 | 258.1 | 263.0 | 312.3 | 114.0 | 112.1 | 259.0 | 242.4 |
| | | | | | | | | | | 236.5 | 282.9 |

¹ Revisions to scope, concept and methodology related to the CPI, beginning in January 1997, make comparisons with earlier periods tenuous, as the goods or services priced in 1997 may differ from that priced in 1996 and prior. Also, shifts of the weights assigned to various goods and services have altered the composition of aggregate indexes such as "all items" and "medical care". For changes in titles of components and in definitions, see Bureau of Labor Statistics, CPI Detailed Report, January 2000.

² Revised title. Years prior to January 1978 reflect semi-private room charges and prior to January 1997 reflect hospital room. Earlier series discontinued in 1996.

³ Data not reported for March 1965. Price indexes derived by averaging surrounding quarterly indexes.

⁴ New series began in January 1997; fiscal year annual average cannot be calculated.
 SOURCES: CMS/OACT and U.S. Department of Labor, Bureau of Labor Statistics

September 2001

National Medical Care Price Indicators
(1982-1984=100)
Percent Change from Preceding Year¹

| Fiscal Year ² | CPI | | | CPI - Medical Care | | | Commodities | | |
|-------------------------------|-----------|--------------|--------------|--------------------|-------|-------------------|-------------------------------|---------------------|----------------------|
| | All Items | | All Services | Services | | | Hospital and Related Services | | |
| | Total | Less Medical | Total | Total | Total | Hospital Services | Inpatient Services | Outpatient Services | Physicians' Services |
| <i>Year Ending June:</i> | | | | | | | | | |
| 1965 | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| 1970 | 5.9 | 5.8 | 7.6 | 7.6 | 6.4 | 7.4 | -- | -- | 7.4 |
| 1975 | 11.1 | 11.0 | 10.8 | 10.3 | 12.5 | 13.3 | -- | -- | 12.8 |
| <i>Year Ending September:</i> | | | | | | | | | |
| 1980 | 13.6 | 13.7 | 15.1 | 15.5 | 10.7 | 11.1 | 12.5 | -- | 10.2 |
| 1985 | 3.7 | 3.5 | 5.2 | 5.1 | 6.1 | 5.9 | 7.0 | -- | 5.8 |
| 1990 | 5.0 | 4.8 | 5.3 | 5.0 | 6.8 | 8.9 | 11.1 | -- | 7.1 |
| 1991 | 5.0 | 4.8 | 5.5 | 5.1 | 9.1 | 9.3 | 10.7 | -- | 6.5 |
| 1992 | 3.0 | 2.7 | 4.1 | 3.7 | 7.7 | 7.8 | 9.1 | -- | 9.8 |
| 1993 | 3.0 | 2.8 | 3.8 | 3.5 | 6.3 | 6.8 | 8.7 | -- | 9.9 |
| 1994 | 2.6 | 2.5 | 3.5 | 3.3 | 4.9 | 5.4 | 6.5 | -- | 6.4 |
| 1995 | 2.8 | 2.6 | 3.3 | 3.1 | 4.7 | 5.2 | 5.2 | -- | 5.1 |
| 1996 | 2.8 | 2.7 | 3.3 | 3.1 | 3.8 | 4.0 | 4.7 | -- | 5.2 |
| 1997 | 2.7 | 2.6 | 3.1 | 3.2 | 2.9 | 3.0 | 3.6 | ⁴ | 4.6 |
| 1998 | 1.6 | 1.5 | 2.8 | 2.7 | 3.0 | 3.1 | 3.2 | -- | 3.8 |
| 1999 | 1.9 | 1.8 | 2.5 | 2.4 | 3.5 | 3.3 | 3.8 | 3.4 | 4.9 |
| 2000 | 3.2 | 3.2 | 3.1 | 3.1 | 3.9 | 4.0 | 5.5 | 5.1 | 6.9 |

¹ Based on average of monthly figures for given years.

² Revisions to scope, concept, and methodology related to the CPI, beginning in January 1997, make comparisons with earlier periods tenuous, as the goods or services priced in 1997 may differ from that priced in 1996 and prior. Also, shifts of the weights assigned to various goods and services have altered the composition of aggregate indexes such as "all items" and "medical care". For changes in titles of components and in definitions, see Bureau of Labor Statistics, CPI Detailed Report, January 2000.

³ Revised title. Years prior to January 1978 reflect semi-private room charges and prior to January 1997 reflect hospital room. Earlier series discontinued in 1996.

⁴ New series begins in January 1997; fiscal year annual average % change cannot be calculated.

SOURCES: CMS/OACT and U.S. Department of Labor, Bureau of Labor Statistics

September 2001

III. ADMINISTRATIVE/OPERATING

Information in this section concerns activities and services related to the oversight of the day-to-day operations of CMS programs. Current and trend data on trust fund operations, contractor performance and administrative costs are included.

HIGHLIGHTS

- o *Medicare Hospital Insurance (HI) benefit payments grew from \$2.5 billion in FY 1967 to \$127.9 billion in FY 2000 (FY 2001 HI Trustees' Report). The Medicare Supplementary Medical Insurance (SMI) benefit payments increased from \$0.7 billion in FY 1967 to \$87.2 billion in FY 2000 (FY 2001 SMI Trustees' Report). The greatest increase to both programs occurred between 1970 and 1980, due to the addition of coverage for disabled persons beginning in 1973.*
- o *Medicare total HI and SMI administrative expenses as a percent of total HI and SMI benefit payments decreased from 7.1 percent in FY 1967 to 1.9 percent in FY 2000.*
- o *As of April 2001, Medicare had 29 intermediaries and 20 carriers processing claims. Part A and Part B unit costs increased 13 percent and 5 percent, respectively, from FY 1999 to FY 2000. During FY 2000, Part A unit costs were \$0.86 and Part B unit costs were \$0.63.*
- o *In FY 2000, covered charges on assigned claims were reduced an average of \$96.69. Covered charges on unassigned claims in FY 2000 were reduced an average of \$17.85.*

Medicare Operations of the HI Trust Fund Selected Fiscal Years

| Fiscal Year ¹ | Payroll Taxes | Income | | | | Disbursements | | | | Trust Fund | |
|--------------------------|---------------|--|---------------------------------|---------------------------------------|------------------------------------|--|--------------|-------------------------------|--------------------------------------|---------------------|----------------------|
| | | Transfers from Railroad Retirement Account | Transfers for Uninsured Persons | Reimbursement for Voluntary Enrollees | Payments for Military Wage Credits | Interest and Other Income ² | Total Income | Benefit Payments ³ | Administrative Expenses ⁴ | Total Disbursements | Net Increase in Fund |
| Amount in millions | | | | | | | | | | | |
| 1967 | \$2,689 | \$16 | \$327 | | \$11 | \$46 | \$3,089 | \$2,508 | \$89 | \$2,597 | \$492 |
| 1970 | 4,785 | 64 | 617 | | 11 | 137 | 5,614 | 4,804 | 149 | 4,953 | 661 |
| 1975 | 11,291 | 132 | 481 | \$6 | 48 | 609 | 12,568 | 10,353 | 259 | 10,612 | 1,956 |
| 1980 | 23,244 | 244 | 697 | 17 | 141 | 1,072 | 25,415 | 23,790 | 497 | 24,288 | 1,127 |
| 1985 | 46,490 | 371 | 766 | 38 | 86 | 3,182 | 50,933 | 47,841 | 813 | 48,654 | 4,103 |
| 1990 | 70,655 | 367 | 413 | 113 | 107 | 7,908 | 79,563 | 65,912 | 774 | 66,687 | 12,876 |
| 1991 | 74,655 | 352 | 605 | 367 | -1,011 ⁶ | 8,969 | 83,938 | 68,705 | 934 | 69,638 | 14,299 |
| 1992 | 80,978 | 374 | 621 | 484 | 86 | 10,133 | 92,677 | 80,784 | 1,191 | 81,974 | 10,703 |
| 1993 | 83,147 | 400 | 367 | 622 | 81 | 12,484 ⁷ | 97,101 | 90,738 | 866 | 91,604 | 5,497 |
| 1994 | 92,028 | 413 | 506 | 852 | 80 | 12,315 | 106,195 | 101,535 | 1,235 | 102,770 | 3,425 |
| 1995 | 98,053 | 396 | 462 | 998 | 61 | 14,876 | 114,847 | 113,583 | 1,300 | 114,883 | -36 |
| 1996 | 106,934 | 401 | 419 | 1,107 | -2,293 ⁸ | 14,565 | 121,135 | 124,088 | 1,229 | 125,317 | -4,182 |
| 1997 | 112,725 | 419 | 481 | 1,279 | 70 | 13,575 | 128,548 | 136,175 | 1,661 | 137,836 | -9,287 |
| 1998 | 121,913 | 419 | 34 | 1,320 | 67 | 14,449 | 138,203 | 135,487 ⁹ | 1,653 | 137,140 | 1,063 |
| 1999 | 134,385 | 430 | 652 | 1,401 | 71 | 16,075 | 153,015 | 129,463 ⁹ | 1,978 | 131,441 | 21,570 |
| 2000 | 137,738 | 465 | 470 | 1,392 | 2 | 19,614 | 159,681 | 127,934 ⁹ | 2,350 | 130,284 | 29,397 |
| | | | | | | | | | | | 168,084 |

¹ Fiscal years 1975 and earlier consist of the 12 months ending on June 30 of each year; fiscal years 1980 and later consist of the 12 months ending on September 30 of each year.

² Other income includes recoveries of amounts reimbursed from the trust fund income which are not obligations of the trust fund, from taxation of benefits, and a small amount of miscellaneous income.

³ Includes cost of Peer Review Organizations (beginning with the implementation of the Prospective Payment System on October 1, 1983).

⁴ Includes cost of experiments and demonstration projects and non-expenditure transfers for Health Care Fraud and Abuse Control.

⁵ Includes repayment of loan principal from Old Age Survivors Insurance trust fund of \$1,824 million.

⁶ Includes the lump-sum general revenue adjustment of -\$1,100 million, as provided for by section 151 of P.L. 98-21.

⁷ Includes \$1,805 million transfer from the SMI catastrophic coverage reserve fund, as provided for by P.L. 102-394.

⁸ Includes the lump sum general revenue transfer of -\$2,366 million, as provided for by section 151 of P.L. 98-21.

⁹ Benefit payments plus monies transferred to the SMI trust fund for home health agency costs, as provided by P.L. 105-33.

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: CMS/OACT

September 2001

**Medicare Operations of the SMI Trust Fund
Selected Fiscal Years**

| Fiscal Year ¹ | Income | | | Disbursements | | | Total Disbursements | Balance in Fund at End of Year ⁴ |
|--------------------------|----------------------------|---------------------------------------|--|---------------|---------------------|-------------------------|---------------------|---|
| | Premiums from Participants | Government Contributions ² | Interest and Other Income ³ | Total Income | Benefit Payments | Administrative Expenses | | |
| 1967 | \$647 | \$623 | \$15 | \$1,285 | \$664 | \$135 ⁵ | \$799 | \$486 |
| 1970 | 936 | 928 | 12 | 1,876 | 1,979 | 217 | 2,196 | 57 |
| 1975 | 1,887 | 2,330 | 105 | 4,322 | 3,765 | 405 | 4,170 | 1,424 |
| 1980 | 2,928 | 6,932 | 415 | 10,275 | 10,144 | 593 | 10,737 | 4,532 |
| 1985 | 5,524 | 17,898 | 1,155 | 24,577 | 21,808 | 922 | 22,730 | 10,646 |
| 1990 | 11,494 | 33,210 | 1,434 | 46,138 | 41,498 | 1,524 | 43,022 | 14,527 |
| 1991 | 11,807 | 34,730 | 1,629 | 48,166 | 45,514 | 1,505 | 47,019 | 15,675 |
| 1992 | 12,748 | 38,684 | 1,717 | 53,149 | 48,627 | 1,661 | 50,288 | 18,535 |
| 1993 | 14,683 | 44,227 | 1,889 | 60,799 | 54,214 ⁶ | 1,845 | 56,059 | 23,276 |
| 1994 | 16,895 | 38,355 | 2,118 | 57,368 | 58,006 | 1,718 | 59,724 | 20,919 |
| 1995 | 19,244 | 36,988 ⁷ | 1,937 | 58,169 | 63,491 | 1,722 | 65,213 | 13,874 ⁷ |
| 1996 | 18,931 | 61,702 ⁷ | 1,392 | 82,025 | 67,176 | 1,771 | 68,946 | 26,953 ⁷ |
| 1997 | 19,141 | 59,471 | 2,193 | 80,806 | 71,133 | 1,420 | 72,553 | 35,206 |
| 1998 | 19,427 | 59,919 | 2,608 | 81,955 | 74,837 ⁸ | 1,435 | 76,272 | 40,889 |
| 1999 | 20,160 | 62,185 | 2,933 | 85,278 | 79,008 ⁸ | 1,510 | 80,518 | 45,649 |
| 2000 | 20,515 | 65,561 | 3,164 | 89,239 | 87,212 ⁸ | 1,780 | 88,992 | 45,896 |

¹ Fiscal years 1975 and earlier consist of the 12 months ending on June 30 of each year; fiscal years 1980 and later consist of the 12 months ending on September 30 of each year.

² The payments shown as being from the general fund of the Treasury include certain interest-adjustment items.

³ Other income includes recoveries of amounts reimbursed from the trust fund which are not obligations of the trust fund and other miscellaneous income.

⁴ The financial status of the program depends on both the total net assets and the liabilities of the program.

⁵ Administrative expenses shown include those paid in fiscal years 1966 and 1967.

⁶ Includes the transfer from SMI to HI of \$1,805 million, representing premiums paid into the SMI trust fund under the Medicare Catastrophic Coverage Act of 1988 (P.L. 100-360), as provided for by P.L. 102-394. Actual benefit payments for 1993 were \$52,409 million.

⁷ General fund transfers of \$6.7 billion could not be made in FY 1995 due to the absence of funding. Subsequently, a transfer was made in March 1996. Consequently, SMI government contributions are abnormally low for FY 1995 and abnormally high for FY 1996.

⁸ Benefit payments less monies transferred from the HI trust fund for home health agency costs, as provided by P.L. 105-33.

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: CMS/OACT

September 2001

**Medicare Operations of the HI Trust Fund
Selected Fiscal Years**

| Fiscal Year ¹ | Income | | | | | | Disbursements | | | | | | Trust Fund | |
|--------------------------|--|---------------------------------|---------------------------------------|------------------------------------|--|---------------------|-------------------------------|--------------------------------------|---------------------|----------------------|---------------------|---------|------------|--|
| | Transfers from Railroad Retirement Account | Transfers for Uninsured Persons | Reimbursement for Voluntary Enrollees | Payments for Military Wage Credits | Interest and Other Income ² | Total Income | Benefit Payments ³ | Administrative Expenses ⁴ | Total Disbursements | Net Increase in Fund | Fund at End of Year | | | |
| Amount in millions | | | | | | | | | | | | | | |
| 1967 | \$2,689 | \$16 | \$327 | \$11 | \$46 | \$3,089 | \$2,508 | \$89 | \$2,597 | \$492 | \$1,343 | | | |
| 1970 | 4,785 | 64 | 617 | 11 | 137 | 5,614 | 4,804 | 149 | 4,953 | 661 | 2,677 | | | |
| 1975 | 11,291 | 132 | 481 | \$6 | 48 | 609 | 12,568 | 10,353 | 259 | 10,612 | 1,956 | 9,870 | | |
| 1980 | 23,244 | 244 | 697 | 17 | 141 | 1,072 | 25,415 | 23,790 | 497 | 24,288 | 1,127 | 14,490 | | |
| 1985 | 46,490 | 371 | 766 | 38 | 86 | 3,182 | 50,933 | 47,841 | 813 | 48,654 | 4,103 | 5 | 21,277 | |
| 1990 | 70,655 | 367 | 413 | 113 | 107 | 7,908 | 79,563 | 65,912 | 774 | 66,687 | 12,876 | 95,631 | | |
| 1991 | 74,655 | 352 | 605 | 367 | -1,011 ⁶ | 8,969 | 83,938 | 68,705 | 934 | 69,638 | 14,299 | 109,930 | | |
| 1992 | 80,978 | 374 | 621 | 484 | 86 | 10,133 | 92,677 | 80,784 | 1,191 | 81,974 | 10,703 | 120,633 | | |
| 1993 | 83,147 | 400 | 367 | 622 | 81 | 12,484 ⁷ | 97,101 | 90,738 | 866 | 91,604 | 5,497 | 126,131 | | |
| 1994 | 92,028 | 413 | 506 | 852 | 80 | 12,315 | 106,195 | 101,535 | 1,235 | 102,770 | 3,425 | 129,555 | | |
| 1995 | 98,053 | 396 | 462 | 998 | 61 | 14,876 | 114,847 | 113,583 | 1,300 | 114,883 | -36 | 129,520 | | |
| 1996 | 106,934 | 401 | 419 | 1,107 | -2,293 ⁸ | 14,565 | 121,135 | 124,088 | 1,229 | 125,317 | -4,182 | 125,338 | | |
| 1997 | 112,725 | 419 | 481 | 1,279 | 70 | 13,575 | 128,548 | 136,175 | 1,661 | 137,836 | -9,287 | 116,050 | | |
| 1998 | 121,913 | 419 | 34 | 1,320 | 67 | 14,449 | 138,203 | 135,487 ⁹ | 1,653 | 137,140 | 1,063 | 117,113 | | |
| 1999 | 134,385 | 430 | 652 | 1,401 | 71 | 16,075 | 153,015 | 129,463 ⁹ | 1,978 | 131,441 | 21,570 | 138,687 | | |
| 2000 | 137,738 | 465 | 470 | 1,392 | 2 | 19,614 | 159,681 | 127,934 ⁹ | 2,350 | 130,284 | 29,397 | 168,084 | | |

¹ Fiscal years 1975 and earlier consist of the 12 months ending on June 30 of each year; fiscal years 1980 and later consist of the 12 months ending on September 30 of each year.

² Other income includes recoveries of amounts reimbursed from the trust fund income which are not obligations of the trust fund, from taxation of benefits, and a small amount of miscellaneous income.

³ Includes cost of Peer Review Organizations (beginning with the implementation of the Prospective Payment System on October 1, 1983).

⁴ Includes cost of experiments and demonstration projects and non-expenditure transfers for Health Care Fraud and Abuse Control.

⁵ Includes repayment of loan principal from Old Age Survivors Insurance trust fund of \$1,824 million.

⁶ Includes the lump-sum general revenue adjustment of -\$1,100 million, as provided for by section 151 of P.L. 98-21.

⁷ Includes \$1,805 million transfer from the SMI catastrophic coverage reserve fund, as provided for by P.L. 102-394.

⁸ Includes the lump sum general revenue transfer of -\$2,366 million, as provided for by section 151 of P.L. 98-21.

⁹ Benefit payments plus monies transferred to the SMI trust fund for home health agency costs, as provided by P.L. 105-33.

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: CMS/OACT

September 2001

**Medicare Ratio of SMI Benefit Payments to Premium Income
Selected Fiscal Years**

| Fiscal Year | Benefit Payments | | | Ratio of Benefit Payments to Premium Income | | |
|--------------------|------------------|--------|----------|---|------|----------|
| | Total | Aged | Disabled | Total | Aged | Disabled |
| Amount in Millions | | | | | | |
| 1967 | \$664 | \$664 | -- | 1.0 | 1.0 | -- |
| 1970 | 1,979 | 1,979 | -- | 2.1 | 2.1 | -- |
| 1975 | 3,765 | 3,289 | \$476 | 2.0 | 1.9 | 3.2 |
| 1980 | 10,144 | 8,497 | 1,647 | 3.5 | 3.2 | 5.7 |
| 1985 | 21,808 | 19,077 | 2,731 | 3.9 | 3.8 | 5.7 |
| 1990 | 41,498 | 36,837 | 4,661 | 3.7 | 3.6 | 4.7 |
| 1991 | 45,514 | 40,198 | 5,316 | 3.9 | 3.7 | 5.0 |
| 1992 | 48,627 | 42,841 | 5,786 | 3.8 | 3.7 | 4.9 |
| 1993 | 52,409 | 45,742 | 6,667 | 3.6 | 3.5 | 4.7 |
| 1994 | 58,006 | 50,355 | 7,651 | 3.4 | 3.3 | 4.5 |
| 1995 | 63,491 | 54,831 | 8,660 | 3.3 | 3.2 | 4.1 |
| 1996 | 67,176 | 57,816 | 9,360 | 3.5 | 3.4 | 4.5 |
| 1997 | 71,133 | 61,002 | 10,131 | 3.7 | 3.6 | 4.7 |
| 1998 | 75,815 | 65,146 | 10,669 | 3.9 | 3.8 | 4.7 |
| 1999 | 79,187 | 68,028 | 11,159 | 3.9 | 3.8 | 4.6 |
| 2000 | 88,918 | 76,543 | 12,375 | 4.3 | 4.3 | 4.8 |
| Percent change | | | | | | |
| 1967-2000 | 13,291 | 11,428 | -- | | | |
| 1975-2000 | 2,262 | 2,227 | 2,500 | | | |
| 1996-1997 | 6 | 6 | 8 | | | |
| 1997-1998 | 7 | 7 | 5 | | | |
| 1998-1999 | 4 | 4 | 5 | | | |
| 1999-2000 | 12 | 13 | 11 | | | |

NOTE: For more detail on fund transactions, see "Annual Report of the Board of Trustees of the Supplementary Medical Insurance Trust Fund."

SOURCE: CMS/OACT

September 2001

Medicare Administrative Expenses
Selected Fiscal Years

| Fiscal Year | Administrative Expenses | |
|-----------------------|-------------------------|-----------------------------|
| | Amount in Millions | Percent of Benefit Payments |
| HI Trust Fund | | |
| 1967 | \$89 | 3.5 |
| 1970 | 149 | 3.1 |
| 1975 | 259 | 2.5 |
| 1980 | 497 | 2.1 |
| 1985 | 813 | 1.7 |
| 1990 | 774 | 1.2 |
| 1991 | 934 | 1.4 |
| 1992 | 1,191 | 1.5 |
| 1993 | 866 | 1.0 |
| 1994 | 1,235 | 1.2 |
| 1995 | 1,300 | 1.1 |
| 1996 | 1,229 | 1.0 |
| 1997 | 1,661 ¹ | 1.2 |
| 1998 | 1,653 ¹ | 1.2 |
| 1999 | 1,979 ¹ | 1.5 |
| 2000 | 2,350 ¹ | 1.9 |
| SMI Trust Fund | | |
| 1967 | 135 ² | 20.3 |
| 1970 | 217 | 11.0 |
| 1975 | 405 | 10.8 |
| 1980 | 593 | 5.8 |
| 1985 | 922 | 4.2 |
| 1990 | 1,524 | 3.7 |
| 1991 | 1,505 | 3.3 |
| 1992 | 1,661 | 3.4 |
| 1993 | 1,845 | 3.5 |
| 1994 | 1,718 | 3.0 |
| 1995 | 1,722 | 2.7 |
| 1996 | 1,771 | 2.6 |
| 1997 | 1,420 | 2.0 |
| 1998 | 1,435 | 1.9 |
| 1999 | 1,510 | 1.9 |
| 2000 | 1,780 | 2.0 |

¹ Includes non-expenditure transfers for Health Care Fraud and Abuse Control.

² Includes expenses paid in fiscal years 1966 and 1967.

SOURCE: CMS/OACT

September 2001

Medicare Contractors
2000

| | Intermediaries | Carriers |
|------------------------|----------------|----------|
| Blue Cross/Blue Shield | 27 | 15 |
| Other | 2 | 5 |

NOTE: Data as of April 2001.

SOURCE: CMS/OFM

Medicare Claims Processing Costs
Selected Fiscal Years

| | Net Unit Cost per Claim | | | | | |
|-----------------------------|-------------------------|--------|--------|--------|---------------------|---------------------|
| | 1975 | 1980 | 1985 | 1990 | 1999 | 2000 |
| Intermediaries ¹ | \$3.84 | \$2.96 | \$2.33 | \$1.86 | \$0.76 ³ | \$0.86 ³ |
| Carriers ² | \$2.90 | \$2.33 | \$1.88 | \$1.56 | \$0.60 | \$0.63 |

¹ Includes direct costs and overhead costs for bill payment, reconsiderations and hearings lines.

² Includes direct costs and overhead costs for the claims payment, reviews and hearings, and beneficiary/physician inquiries lines.

³ Beginning in FY 1998, inquiries and PET activities are separated from other bill payment cost for intermediaries.

SOURCE: CMS/OFM

Medicare Appeals
Fiscal Years 1999 - 2000

| | 1999 | | 2000 | |
|---------------------------------|----------------------------------|--------------------|----------------------------------|--------------------|
| | Intermediary Reconsiderations | Carrier Reviews | Intermediary Reconsiderations | Carrier Reviews |
| Number Processed | 48,155 | 3,237,390 | 47,805 | 3,344,925 |
| Percent With Increased Payments | 31.5 | 66.1 | 2915.0 | 65.0 |

SOURCE: CMS/OFM

September 2001

Medicare Physician/Supplier Claims Charge Reductions
Selected Fiscal years 1980 - 2000

| Fiscal Year | Claims Approved | | Total Covered Charges | | |
|------------------------------------|---------------------|-----------------|-----------------------|-----------------|--------------------------|
| | Number in thousands | Percent Reduced | Amount in millions | Percent Reduced | Amount Reduced per Claim |
| Assigned (HCFA-1490/1500) | | | | | |
| 1980 | 70,937 | 80.0 | \$6,878 | 22.5 | \$21.81 |
| 1985 | 168,587 | 81.7 | 20,743 | 27.0 | 33.19 |
| 1986 | 188,075 | 82.5 | 24,108 | 28.4 | 36.43 |
| 1987 | 222,277 | 83.0 | 29,436 | 27.9 | 36.90 |
| 1988 | 264,096 | 85.5 | 36,083 | 29.3 | 39.97 |
| 1989 | 295,666 | 86.3 | 41,852 | 30.9 | 43.72 |
| 1990 | 329,061 | 87.6 | 48,711 | 32.6 | 48.22 |
| 1991 | 373,250 | 86.7 | 57,547 | 35.2 | 54.20 |
| 1992 | 406,502 | 87.0 | 66,062 | 39.2 | 63.60 |
| 1993 | 446,475 | 88.2 | 74,261 | 42.1 | 70.08 |
| 1994 | 496,264 | 88.1 | 82,855 | 42.5 | 71.03 |
| 1995 | 534,972 | 86.4 | 91,672 | 42.2 | 72.31 |
| 1996 | 544,639 | 87.1 | 96,205 | 44.4 | 78.42 |
| 1997 | 564,461 | 87.5 | 102,279 | 45.7 | 82.74 |
| 1998 | 573,077 | 87.6 | 105,682 | 46.5 | 85.91 |
| 1999 | 586,227 | 88.7 | 113,008 | 47.5 | 91.76 |
| 2000 | 612,875 | 88.3 | 124,024 | 47.7 | 96.69 |
| Unassigned (HCFA-1490/1500) | | | | | |
| 1980 | 66,207 | 83.7 | \$6,527 | 22.3 | \$21.96 |
| 1985 | 77,646 | 84.6 | 10,051 | 25.6 | 33.12 |
| 1986 | 84,853 | 84.9 | 10,581 | 26.6 | 33.15 |
| 1987 | 85,160 | 82.5 | 10,516 | 25.5 | 31.44 |
| 1988 | 78,484 | 85.7 | 9,351 | 24.7 | 29.47 |
| 1989 | 74,621 | 89.2 | 8,794 | 25.2 | 29.67 |
| 1990 | 75,879 | 90.3 | 8,702 | 25.3 | 28.97 |
| 1991 | 78,450 | 90.7 | 8,134 | 24.0 | 24.84 |
| 1992 | 69,522 | 85.4 | 6,671 | 19.8 | 18.95 |
| 1993 | 54,096 | 85.5 | 4,724 | 16.9 | 14.75 |
| 1994 | 42,544 | 86.7 | 3,489 | 16.4 | 13.45 |
| 1995 | 32,695 | 83.9 | 2,725 | 15.6 | 13.01 |
| 1996 | 24,390 | 84.5 | 2,071 | 15.6 | 13.22 |
| 1997 | 19,765 | 84.4 | 1,726 | 16.3 | 14.23 |
| 1998 | 16,051 | 82.9 | 1,450 | 16.9 | 15.26 |
| 1999 | 14,061 | 81.6 | 1,321 | 17.5 | 16.49 |
| 2000 | 13,128 | 79.4 | 1,301 | 18.1 | 17.85 |

NOTE: Charge reduction is the total dollar amount reduced as a result of charge determination made by a carrier.

SOURCE: CMS/OFM

September 2001

**Medicare Charge Determination Data for Physician/Supplier Claims
Selected Fiscal Years 1975-2000**

| Fiscal Year | Claims Paid or Applied to Deductible | | | Claims on Which Charge Reductions Were Made | | |
|-------------|--------------------------------------|------------------------------------|---------------------|---|---------------------|----------------------------|
| | Number in thousands | Total Covered Charges in thousands | Number in thousands | Percent of Claims Paid or Applied to Deductible | Amount of Reduction | |
| | | | | | Total in thousands | Percent of Covered Charges |
| 1975 | 75,694 | \$5,324,636 | 50,738 | 67.0 | \$863,847 | 16.2 |
| 1980 | 145,157 | 13,765,039 | 113,707 | 78.3 | 3,063,364 | 22.3 |
| 1985 | 246,337 | 30,800,071 | 203,405 | 82.6 | 8,168,817 | 26.5 |
| 1986 | 272,969 | 34,692,565 | 227,127 | 83.2 | 9,664,309 | 27.9 |
| 1987 | 307,437 | 39,952,727 | 254,672 | 82.8 | 10,879,839 | 27.2 |
| 1988 | 342,580 | 45,434,338 | 293,027 | 85.5 | 12,867,579 | 28.3 |
| 1989 | 370,288 | 50,646,122 | 321,851 | 86.9 | 15,139,981 | 29.9 |
| 1990 | 404,939 | 57,413,496 | 356,775 | 88.1 | 18,063,716 | 31.5 |
| 1991 | 451,700 | 65,680,424 | 394,615 | 87.4 | 22,179,014 | 33.8 |
| 1992 | 476,024 | 72,733,350 | 413,095 | 86.8 | 27,170,734 | 37.4 |
| 1993 | 500,572 | 78,984,666 | 439,888 | 87.9 | 32,089,244 | 40.6 |
| 1994 | 538,808 | 86,344,476 | 473,907 | 88.0 | 35,823,544 | 41.5 |
| 1995 | 567,666 | 94,396,848 | 489,467 | 86.2 | 39,108,517 | 41.4 |
| 1996 | 569,029 | 98,276,302 | 494,764 | 86.9 | 43,035,169 | 43.8 |
| 1997 | 584,226 | 104,004,862 | 510,568 | 87.4 | 46,987,436 | 45.2 |
| 1998 | 589,128 | 107,132,423 | 515,427 | 87.5 | 49,475,682 | 46.2 |
| 1999 | 600,288 | 114,329,416 | 531,776 | 88.6 | 54,023,415 | 47.3 |
| 2000 | 626,003 | 125,325,545 | 551,784 | 88.1 | 59,491,359 | 39.5 |

NOTE: Data prior to July 1, 1976 exclude claims handled by the Social Security Administration's Office of Direct Reimbursement.

SOURCE: CMS/OFM

September 2001

Medicaid Administrative Expenses
Fiscal Years 1998 - 2000

| | 1998 | 1999 | 2000 |
|--|-------------|-------------|--------------|
| Amount in thousands | | | |
| Total Payments Computable for Federal Funding ¹ | \$8,333,696 | \$9,494,049 | \$10,577,848 |
| Federal Share ¹ | | | |
| Family Planning | \$15,091 | \$14,199 | \$9,833 |
| Design, Development or Installation of MMIS ² | 99,039 | 118,731 | 72,353 |
| Skilled Professional Medical Personnel | 237,871 | 247,156 | 244,293 |
| Operation of an Approved MMIS | 668,716 | 767,701 | 790,760 |
| Other Financial Participation | 3,484,468 | 4,103,939 | 4,699,336 |
| Mechanized Systems Not Approved Under MMIS ² | 70,047 | 72,562 | 76,022 |
| Total Administration | \$4,575,232 | \$5,324,288 | \$5,892,597 |
| Net Adjusted Federal Share ³ | \$4,607,978 | \$5,266,760 | \$5,730,796 |

¹ Source: Form HCFA-64 (net expenditures reported -- Administration).

Fiscal Year 2000 is preliminary (03/2001).

² Medicaid Management Information System.

³ Includes Federal share of net expenditures reported plus CMS adjustments.

SOURCE: CMS/CMSO

September 2001

IV. POPULATIONS

Information about persons covered by Medicare Hospital Insurance (HI) and Supplementary Medical Insurance (SMI) and Medicaid.

Medicare statistics are based on persons enrolled for coverage. Medicaid recipient counts are used as a surrogate of persons eligible for coverage. Current and trend data showing demographic and eligibility category distributions are included.

HIGHLIGHTS

- o *In 2000, 86 percent of the Medicare population was age 65 and over.*
- o *An estimated 97 percent of the total aged population has some type of Medicare coverage.*
- o *In 2000, approximately 93 percent of the total Medicare population was covered by both Part A and Part B.*
- o *The Medicare Part A beneficiaries ages 85 and over, as a percent of all aged beneficiaries, increased from 6.2 percent in 1966 to 12.6 percent in 2000. During this same time period, the 65 to 69 year age group, as a percent of all aged beneficiaries, decreased from 34.1 percent in 1966 to 26.9 percent in 2000.*
- o *The Medicare female beneficiaries enrolled in Medicare Part A, as a percent of all aged beneficiaries, increased from 57.4 percent in 1966 to 58.7 percent in 2000. During this same time period, the Medicare male beneficiaries enrolled in Medicare Part A, as a percent of all aged beneficiaries, decreased from 42.6 percent in 1966 to 41.3 percent in 2000.*
- o *There has been an increase of 9.0 percent in the number of Medicare State Buy-Ins between 1997 and 2000.*

**Medicare Enrollees
Selected Years**

| | 1975 | 1980 | 1985 | 1990 | 1995 | 2000 | 2001 | 2002 |
|--------------------|------|------|------|------|------|------|------|------|
| Number in millions | | | | | | | | |
| HI and/or SMI | | | | | | | | |
| Total | 24.9 | 28.4 | 31.1 | 34.3 | 37.6 | 39.6 | 40.0 | 40.4 |
| Aged | 22.7 | 25.5 | 28.1 | 31.0 | 33.2 | 34.2 | 34.4 | 34.6 |
| Disabled | 2.2 | 3.0 | 2.9 | 3.3 | 4.4 | 5.4 | 5.6 | 5.8 |
| HI | | | | | | | | |
| Total | 24.5 | 28.0 | 30.6 | 33.7 | 37.2 | 39.2 | 39.6 | 40.0 |
| Aged | 22.3 | 25.0 | 27.7 | 30.5 | 32.7 | 33.8 | 34.0 | 34.2 |
| Disabled | 2.2 | 3.0 | 2.9 | 3.3 | 4.4 | 5.4 | 5.6 | 5.8 |
| SMI | | | | | | | | |
| Total | 23.7 | 27.3 | 29.9 | 32.6 | 35.6 | 37.3 | 37.7 | 38.0 |
| Aged | 21.8 | 24.6 | 27.2 | 29.6 | 31.7 | 32.5 | 32.7 | 32.9 |
| Disabled | 1.9 | 2.7 | 2.7 | 2.9 | 3.9 | 4.8 | 5.0 | 5.1 |
| HI and SMI | | | | | | | | |
| | | | | | | | | |
| HI Only | 1.1 | 1.2 | 1.2 | 1.7 | 2.0 | 2.3 | 2.4 | 2.4 |
| SMI Only | 0.4 | 0.4 | 0.5 | 0.5 | 0.4 | 0.4 | 0.4 | 0.4 |

NOTES: Historical data through 2000. Totals do not necessarily equal the sum of rounded components.

SOURCE: CMS/OACT

September 2001

**Medicare HI and/or SMI Enrollment Demographics
1999**

| | Total | Male | Female |
|------------------|------------|------------|------------|
| All Persons | 39,136,607 | 16,885,232 | 22,281,375 |
| Aged Persons | 33,909,014 | 13,899,440 | 20,009,574 |
| 65 - 74 | 17,611,662 | 7,956,238 | 9,655,424 |
| 75 - 84 | 12,026,902 | 4,728,830 | 7,298,072 |
| 85 and over | 4,270,450 | 1,214,372 | 3,056,078 |
| Disabled Persons | 5,227,593 | 2,955,792 | 2,271,801 |
| Under 45 | 1,630,665 | 959,432 | 671,233 |
| 45 - 54 | 1,559,112 | 884,370 | 674,742 |
| 55 - 64 | 2,037,816 | 1,111,990 | 925,826 |
| White | 33,029,633 | 14,202,757 | 18,826,876 |
| Black | 3,591,560 | 1,518,353 | 2,073,207 |
| All Other | 2,291,929 | 1,042,934 | 1,248,995 |
| Native American | 52,501 | 25,715 | 26,786 |
| Asian/Pacific | 380,662 | 167,392 | 213,270 |
| Hispanic | 803,111 | 381,195 | 421,916 |
| Other | 1,055,655 | 468,632 | 587,023 |
| Unknown Race | 223,485 | 91,188 | 132,297 |

NOTES: Data as of December. Totals do not necessarily equal the sum of the rounded components.

Data by race are shown by the Office of Management and Budget Statistical Directive 15 (Federal Register, 1978). The use of the category of Other reflects CMS's use of SSA's Master Beneficiary Record which was not expanded. See Arday et al., "HCFA's Racial and Ethnic Data: Current Accuracy and Recent Improvements," HCF Review, Vol. 21, No. 4.

SOURCE: CMS/OIS

**Medicare HI and/or SMI Enrollment End Stage Renal Disease Demographics
2000**

| | Number of Enrollees |
|-------------|---------------------------|
| All Persons | 329,751 |
| Age | |
| Under 35 | 28,369 |
| 35-44 | 38,579 |
| 45-64 | 123,237 |
| 65 and over | 139,566 |
| Sex | |
| Male | 178,497 |
| Female | 151,254 |
| Race | |
| White | 183,161 |
| Non-white | 145,289 |
| Unknown | 1,301 |

NOTES: Data reflect persons ever enrolled. Based on the 2000 Denominator File.

SOURCE: CMS/OIS

September 2001

Medicare HI Enrollment Demographics Selected Years

| Year | Number in thousands | Total | Percent Distribution by Age | | | Median Age in Years |
|------|------------------------|-------|-----------------------------|-------|-------|------------------------|
| | | | 65-69 | 70-74 | 75-79 | |
| 1966 | 19,082 | 100.0 | 34.1 | 28.7 | 19.8 | 62 |
| 1970 | 20,361 | 100.0 | 33.3 | 27.2 | 20.3 | 72 |
| 1975 | 22,472 | 100.0 | 33.5 | 26.3 | 19.3 | 73 |
| 1980 | 25,104 | 100.0 | 33.1 | 26.3 | 18.8 | 73 |
| 1985 | 27,683 | 100.0 | 31.9 | 26.3 | 19.2 | 73 |
| 1990 | 30,464 | 100.0 | 31.4 | 25.7 | 19.5 | 73 |
| 1992 | 31,585 | 100.0 | 30.3 | 26.2 | 19.5 | 73 |
| 1993 | 32,060 | 100.0 | 29.9 | 26.2 | 19.6 | 73 |
| 1994 | 32,409 | 100.0 | 29.3 | 26.5 | 19.5 | 73 |
| 1995 | 32,742 | 100.0 | 28.7 | 26.4 | 19.8 | 74 |
| 1996 | 33,022 | 100.0 | 28.3 | 26.2 | 20.2 | 74 |
| 1997 | 33,237 | 100.0 | 27.8 | 26.0 | 20.6 | 74 |
| 1998 | 33,410 | 100.0 | 27.2 | 25.8 | 20.9 | 74 |
| 1999 | 33,519 | 100.0 | 26.8 | 25.5 | 21.3 | 74 |
| 2000 | 33,841 | 100.0 | 26.9 | 25.1 | 21.3 | 74 |

| Year | All Persons | Percent Distribution of Aged Enrollees by Sex and Race | | | | | |
|------|----------------|--|-------|---------------|---------|-------|-------|
| | | Male | | | Female | | |
| | | Total | White | Non- White | Unknown | Total | White |
| 1966 | 100.0 | 42.6 | 38.6 | 3.4 | 0.6 | 57.4 | 50.8 |
| 1970 | 100.0 | 41.8 | 37.4 | 3.5 | 0.9 | 58.2 | 51.9 |
| 1975 | 100.0 | 40.8 | 36.2 | 3.6 | 1.0 | 59.2 | 52.8 |
| 1980 | 100.0 | 40.4 | 35.7 | 3.7 | 1.1 | 59.5 | 52.9 |
| 1985 | 100.0 | 40.3 | 35.4 | 3.7 | 1.2 | 59.7 | 52.8 |
| 1990 | 100.0 | 40.3 | 35.2 | 3.9 | 1.2 | 57.7 | 52.1 |
| 1992 | 100.0 | 40.4 | 34.9 | 4.0 | 1.4 | 59.6 | 51.5 |
| 1993 | 100.0 | 40.5 | 34.9 | 4.1 | 1.5 | 59.5 | 51.2 |
| 1994 | 100.0 | 40.6 | 36.0 | 3.7 | 0.9 | 59.4 | 52.6 |
| 1995 | 100.0 | 40.7 | 35.9 | 3.8 | 1.0 | 59.3 | 52.2 |
| 1996 | 100.0 | 40.8 | 35.9 | 3.9 | 1.0 | 59.2 | 51.9 |
| 1997 | 100.0 | 40.9 | 35.8 | 3.5 | 1.5 | 59.1 | 51.5 |
| 1998 | 100.0 | 41.0 | 35.8 | 3.6 | 1.5 | 59.0 | 51.3 |
| 1999 | 100.0 | 41.0 | 35.6 | 3.8 | 1.5 | 59.0 | 50.8 |

NOTES: Data as of July. Totals do not necessarily equal the sum of rounded components.

SOURCES: CMS/OIS/OSPP

September 2001

Medicare State Buy-Ins for SMI
1997 - 2000

| Type of Beneficiary ¹ | 1997 | 1998 | 1999 | 2000 |
|----------------------------------|-----------|-----------|-----------|-----------|
| All Persons | | | | |
| Number | 5,088,980 | 5,209,300 | 5,391,704 | 5,549,171 |
| Percent of SMI Enrolled | 14.0 | 14.2 | 14.5 | 14.9 |
| Aged | | | | |
| Number | 3,445,079 | 3,474,102 | 3,562,777 | 3,632,069 |
| Percent of SMI Enrolled | 10.7 | 10.7 | 11.0 | 11.1 |
| Disabled | | | | |
| Number | 1,643,898 | 1,735,195 | 1,828,927 | 1,917,101 |
| Percent of SMI Enrolled | 39.2 | 39.7 | 40.5 | 41.2 |

¹ Buy-ins represent beneficiaries in person-years for whom the State paid the Medicare SMI premium during the year. Percent calculated using Part B person-years.

SOURCES: CMS/OSP

September 2001

Medicaid Person Years and Recipients
Selected Fiscal Years

| | 1975 | 1980 | 1985 | 1990 | 1995 | 1999 | 2000 | 2001 | 2002 |
|---------------------|------|--------------------|------|------|------|------|------|------|------|
| Person Years | | Number in millions | | | | | | | |
| Total | n/a | n/a | n/a | 22.9 | 33.4 | 32.8 | 33.4 | 33.9 | 34.3 |
| Aged | n/a | n/a | n/a | 3.1 | 3.7 | 3.8 | 3.9 | 3.9 | 4.0 |
| Blind/Disabled | n/a | n/a | n/a | 3.8 | 5.8 | 6.6 | 6.7 | 6.8 | 6.9 |
| Children | n/a | n/a | n/a | 10.7 | 16.5 | 16.3 | 16.5 | 16.8 | 17.0 |
| Adults | n/a | n/a | n/a | 4.9 | 6.7 | 6.2 | 6.3 | 6.4 | 6.4 |
| Other Title XIX | n/a | n/a | n/a | 0.5 | 0.6 | n/a | n/a | n/a | n/a |
| Recipients | | Number in millions | | | | | | | |
| Total | 22.0 | 21.6 | 21.8 | 25.3 | 36.3 | 41.0 | 41.7 | 42.3 | 42.8 |
| Aged | 3.6 | 3.4 | 3.1 | 3.2 | 4.2 | 4.5 | 4.5 | 4.6 | 4.6 |
| Blind/Disabled | 2.5 | 2.9 | 3.0 | 3.7 | 6.0 | 7.3 | 7.4 | 7.6 | 7.7 |
| Children | 9.6 | 9.3 | 9.8 | 11.2 | 17.6 | 20.9 | 21.2 | 21.5 | 21.8 |
| Adults | 4.5 | 4.9 | 5.5 | 6.0 | 7.8 | 8.4 | 8.5 | 8.6 | 8.7 |
| Other Title XIX | 1.8 | 1.5 | 1.2 | 1.0 | 0.6 | n/a | n/a | n/a | n/a |

NOTES: Person Years represent the average monthly enrollment during the fiscal year. Prior to 1991, recipient categories do not add to total because recipients could be reported in more than one category. Totals after 1990 may not add due to rounding. Aged and Blind/Disabled eligibility groups include Qualified Medicare Beneficiaries (QMB) and Specified Low-Income Medicare Beneficiaries (SLMB). Children and Adult groups include both AFDC/TANF and poverty level recipients who are not disabled. Recipient data for fiscal years 1975-1995 are historical data from OIS as reported by states. Projections for fiscal years 1999-2002 were prepared by OACT from the President's FY 2002 budget. FY 1999-2002 do not include the State Children's Health Insurance Program (SCHIP). These estimates may differ from those based on Medicaid person-years of enrollment.

In 1997, the Other Title XIX category was dropped and the recipients therein were subsumed in the remaining categories. In 1998, Medicaid recipients were redefined to include eligibles on behalf of whom a capitation payment is paid. The large increase between 1995 and 1999 is primarily the result of this change of definition.

Medicaid Recipient Demographics Selected Fiscal Years

| | 1995 | 1996 | 1997 | 1998 |
|--------------------------------|--------|--------|--------|--------|
| All Recipients in thousands | 36,282 | 36,118 | 33,579 | 40,649 |
| Percent Distribution | | | | |
| Age | 100.0 | 100.0 | 100.0 | 100.0 |
| Under 21 | 51.5 | 50.6 | 51.8 | 51.2 |
| 21 - 64 | 31.5 | 30.8 | 31.5 | 29.9 |
| 65 and over | 12.2 | 13.0 | 13.6 | 11.5 |
| Unknown | 4.8 | 5.6 | 3.0 | 7.4 |
| Sex | 100.0 | 100.0 | 100.0 | 100.0 |
| Male | 36.5 | 36.4 | 37.5 | 36.2 |
| Female | 58.5 | 57.9 | 59.4 | 55.1 |
| Unknown | 5.0 | 5.7 | 3.1 | 8.7 |
| Race | 100.0 | 100.0 | 100.0 | 100.0 |
| White | 45.5 | 44.8 | 46.1 | 41.3 |
| Black | 24.7 | 23.9 | 24.4 | 24.2 |
| American Indian/Alaskan Native | 0.8 | 0.8 | 1.0 | 0.8 |
| Asian/Pacific Islander | 2.2 | 2.1 | 2.0 | 2.5 |
| Hispanic | 17.2 | 17.5 | 14.8 | 15.6 |
| Unknown | 9.6 | 10.9 | 11.6 | 15.5 |

NOTES: The percent distribution is based on rounded numbers. Totals do not necessarily equal the sum of rounded components. These estimates may differ from those based on Medicaid person-years of enrollment. Beginning in FY 1998, Medicaid recipients were redefined to include those eligibles for whom a capitated payment was made.

SOURCES: CMS/CMSO/OIS

September 2001

**Life Expectancy at Birth and at Age 65 by Race and Sex: United States
Selected Calendar Years**

| Calendar Year | All Races | | | White | | | Black | | |
|------------------|---------------|------|-------|---------------|-------|-------|---------------|-------|-------|
| | Both Sexes | Men | Women | Both Sexes | | Women | Both Sexes | | Women |
| | | | | Men | Women | | Men | Women | |
| At Birth | | | | | | | | | |
| 1950 | 68.2 | 65.6 | 71.1 | 69.1 | 66.5 | 72.2 | 60.7 | 58.9 | 62.7 |
| 1980 | 73.7 | 70.0 | 77.4 | 74.4 | 70.7 | 78.1 | 68.1 | 63.8 | 72.5 |
| 1985 | 74.7 | 71.1 | 78.2 | 75.3 | 71.8 | 78.7 | 69.3 | 65.0 | 73.4 |
| 1990 | 75.4 | 71.8 | 78.8 | 76.1 | 72.7 | 79.4 | 69.1 | 64.5 | 73.6 |
| 1992 | 75.8 | 72.3 | 79.1 | 76.5 | 73.2 | 79.8 | 69.6 | 65.0 | 73.9 |
| 1994 | 75.7 | 72.4 | 79.0 | 76.5 | 73.3 | 79.6 | 69.5 | 64.9 | 73.9 |
| 1995 | 75.8 | 72.5 | 78.9 | 76.5 | 73.4 | 79.6 | 69.6 | 65.2 | 73.9 |
| 1996 | 76.1 | 73.1 | 79.1 | 76.8 | 73.9 | 79.7 | 70.2 | 66.1 | 74.2 |
| 1997 | 76.5 | 73.6 | 79.4 | 77.1 | 74.3 | 79.9 | 71.1 | 67.2 | 74.7 |
| 1998 | 76.7 | 73.8 | 79.5 | 77.3 | 74.5 | 80.0 | 71.3 | 67.6 | 74.8 |
| 1999 | 1 | 73.9 | 79.4 | 77.3 | 74.6 | 79.9 | 71.4 | 67.8 | 74.7 |
| At Age 65 | | | | | | | | | |
| 1950 | 13.9 | 12.8 | 15.0 | NA | 12.8 | 15.1 | 13.9 | 12.9 | 14.9 |
| 1980 | 16.4 | 14.1 | 18.3 | 16.5 | 14.2 | 18.4 | 15.1 | 13.0 | 16.8 |
| 1985 | 16.7 | 14.5 | 18.5 | 16.8 | 14.5 | 18.7 | 15.2 | 13.0 | 16.9 |
| 1990 | 17.2 | 15.1 | 18.9 | 17.3 | 15.2 | 19.1 | 15.4 | 13.2 | 17.2 |
| 1992 | 17.5 | 15.4 | 19.2 | 17.6 | 15.5 | 19.3 | 15.7 | 13.5 | 17.4 |
| 1994 | 17.4 | 15.5 | 19.0 | 17.5 | 15.6 | 19.1 | 15.7 | 13.6 | 17.2 |
| 1995 | 17.4 | 15.6 | 18.9 | 17.6 | 15.7 | 19.1 | 15.6 | 13.6 | 17.1 |
| 1996 | 17.5 | 15.7 | 19.0 | 17.6 | 15.8 | 19.1 | 15.8 | 13.9 | 17.2 |
| 1997 | 17.7 | 15.9 | 19.2 | 17.8 | 16.0 | 19.3 | 16.1 | 14.2 | 17.6 |
| 1998 | 17.8 | 16.0 | 19.2 | 17.8 | 16.1 | 19.3 | 16.1 | 14.3 | 17.4 |
| 1999 | 1 | 17.7 | 16.0 | 19.1 | 17.8 | 16.1 | 16.0 | 14.3 | 17.3 |

¹ Preliminary data for 1999.

SOURCE: Public Health Service, Health United States, 2001 (preliminary)

September 2001

Life Expectancy at Age 65
Based on U.S. Life Table Functions

| Calendar Year | Male | Female |
|-------------------|------|--------|
| Number in years | | |
| 1965 | 12.9 | 16.3 |
| 1970 | 13.1 | 17.1 |
| 1975 | 13.7 | 18.0 |
| 1980 | 14.0 | 18.4 |
| 1985 | 14.4 | 18.6 |
| 1990 | 15.0 | 19.0 |
| 1991 | 15.1 | 19.1 |
| 1992 | 15.2 | 19.2 |
| 1993 | 15.1 | 19.0 |
| 1994 | 15.3 | 19.0 |
| 1995 | 15.6 | 19.0 |
| 1996 ¹ | 15.5 | 19.2 |
| 1997 ¹ | 15.6 | 19.2 |
| 1998 ² | 15.7 | 19.3 |
| 1999 ² | 15.7 | 19.3 |
| 2000 ² | 15.8 | 19.3 |
| 2005 ² | 16.1 | 19.5 |
| 2010 ² | 16.2 | 19.6 |
| 2015 ² | 16.4 | 19.8 |
| 2020 ² | 16.6 | 19.9 |
| 2025 ² | 16.8 | 20.2 |
| 2030 ² | 17.1 | 20.4 |
| 2035 ² | 17.3 | 20.7 |
| 2040 ² | 17.5 | 20.9 |
| 2045 ² | 17.7 | 21.1 |
| 2050 ² | 17.9 | 21.3 |
| 2055 ² | 18.1 | 21.5 |
| 2060 ² | 18.2 | 21.7 |
| 2065 ² | 18.4 | 21.9 |
| 2070 ² | 18.6 | 22.1 |

¹ Preliminary.

² Estimated.

NOTE: The life expectancy is the average number of years of life remaining to a person if he were to experience the age-specific mortality rates for the tabulated year throughout the remainder of his life.

SOURCE: SSA/OACT

September 2001

V. UTILIZATION

Information about the use of health care services.

Current and trend data measuring health care use including: (1) persons served; (2) units of service, e.g., discharges, days of care; and (3) dimension of the services rendered, e.g. length of stay, charges per day. Utilization data are distributed for program coverage categories and type of service.

HIGHLIGHTS

- o *The number of aged Medicare enrollees who received a covered service increased from 528 per 1,000 in 1975 to 921 per 1,000 enrollees in 1999.*
- o *The number of disabled Medicare enrollees receiving services per 1,000 enrollees increased from 450 to 830 during the same period.*
- o *The total number of all outpatient visits in the United States and the adjusted expense per patient day has increased steadily since 1983.*
- o *The Medicare average length of stay for all short-stay and excluded units has been dropping for the past several years.*
- o *The Medicare aged persons served rate per 1,000 enrollees for Medicare skilled nursing facilities has grown five-fold from 1982 to 1999. During the same period, the home health agencies Medicare aged persons served rate per 1,000 enrollees more than doubled.*

**Medicare Short-Stay Hospital Utilization
Selected Fiscal Years**

| | 1990 | 1996 | 1997 | 1998 | 1999 |
|---------------------------------------|---------|---------|---------|---------|---------|
| Discharges | | | | | |
| Total in millions | 10.5 | 11.7 | 11.9 | 11.9 | 11.7 |
| Rate per 1,000 Enrollees ¹ | 313 | 312 | 317 | 319 | 310 |
| Days of Care | | | | | |
| Total in millions | 94 | 78 | 76 | 74 | 71 |
| Rate per 1,000 Enrollees ¹ | 2,805 | 2,074 | 2,014 | 1,972 | 1,897 |
| Average Length of Stay | | | | | |
| All short-stay | 9.0 | 6.7 | 6.4 | 6.2 | 6.1 |
| Excluded Units ² | 19.5 | 14.0 | 13.4 | 12.9 | 12.6 |
| Total Charges per Day | \$1,060 | \$2,002 | \$2,167 | \$2,332 | \$2,496 |

¹ The population base is HI enrollment excluding HI enrollees residing in Foreign countries and should be treated as preliminary.

² Includes alcohol/drug, psychiatric, and rehabilitation units through 1996, and psychiatric and rehabilitation units from 1997 through 1999.

NOTES: Data may reflect under reporting due to a variety of reasons including: operational difficulties experienced by intermediaries; no-pay, at-risk managed care utilization; and no-pay Medicare secondary payer bills. Average length of stay is shown in days. The data for 1990 through 1999 are based on 100 percent MEDPAR. Data may differ from other sources or from the same source with different update cycle.

SOURCE: CMS/OIS

September 2001

Medicare Short-Stay Hospital Days per Person by Days of Care
Calendar Year 1999

| Total Days of Care | Persons Using Number of Days | Percent Distribution | Cumulative Percent Distribution | Total Days Used | Percent Distribution | Days Per Person |
|--------------------|------------------------------|----------------------|---------------------------------|-------------------|----------------------|-----------------|
| TOTAL | 6,999,630 | 100.0 | --- | 70,940,880 | 100.0 | 10.1 |
| 1 day | 628,945 | 9.0 | 9.0 | 628,945 | 0.9 | 1.0 |
| 2 days | 721,110 | 10.3 | 19.3 | 1,442,220 | 2.0 | 2.0 |
| 3 days | 763,760 | 10.9 | 30.2 | 2,291,280 | 3.2 | 3.0 |
| 4 days | 673,435 | 9.6 | 39.8 | 2,693,740 | 3.8 | 4.0 |
| 5 days | 540,215 | 7.7 | 47.5 | 2,701,075 | 3.8 | 5.0 |
| 6 days | 443,770 | 6.3 | 53.9 | 2,662,620 | 3.8 | 6.0 |
| 7 days | 380,805 | 5.4 | 59.3 | 2,665,635 | 3.8 | 7.0 |
| 8 days | 312,610 | 4.5 | 63.8 | 2,500,880 | 3.5 | 8.0 |
| 9 days | 258,900 | 3.7 | 67.5 | 2,330,100 | 3.3 | 9.0 |
| 10 days | 222,625 | 3.2 | 70.7 | 2,226,250 | 3.1 | 10.0 |
| 11 days | 193,035 | 2.8 | 73.4 | 2,123,385 | 3.0 | 11.0 |
| 12 days | 165,935 | 2.4 | 75.8 | 1,991,220 | 2.8 | 12.0 |
| 13 days | 148,595 | 2.1 | 77.9 | 1,931,735 | 2.7 | 13.0 |
| 14 days | 136,910 | 2.0 | 79.9 | 1,916,740 | 2.7 | 14.0 |
| 15 days | 119,235 | 1.7 | 81.6 | 1,788,525 | 2.5 | 15.0 |
| 16 days | 103,510 | 1.5 | 83.1 | 1,656,160 | 2.3 | 16.0 |
| 17 days | 92,710 | 1.3 | 84.4 | 1,576,070 | 2.2 | 17.0 |
| 18 days | 85,105 | 1.2 | 85.6 | 1,531,890 | 2.2 | 18.0 |
| 19 days | 76,125 | 1.1 | 86.7 | 1,446,375 | 2.0 | 19.0 |
| 20 days | 69,550 | 1.0 | 87.7 | 1,391,000 | 2.0 | 20.0 |
| 21-30 days | 438,080 | 6.3 | 93.9 | 10,864,790 | 15.3 | 24.8 |
| 31-40 days | 195,645 | 2.8 | 96.7 | 6,834,030 | 9.6 | 34.9 |
| 41-50 days | 98,650 | 1.4 | 98.1 | 4,435,840 | 6.3 | 45.0 |
| 51-60 days | 52,865 | 0.8 | 98.9 | 2,909,750 | 4.1 | 55.0 |
| 61-90 days | 58,460 | 0.8 | 99.7 | 4,197,265 | 5.9 | 71.8 |
| 91 days or more | 19,045 | 0.3 | 100.0 | 2,203,360 | 3.1 | 115.7 |

NOTES: These data reflect total individual hospital days during the calendar year. A beneficiary may have multiple hospital stays. Days from all stays are combined. Calendar year data are derived from 1999 MEDPAR stay file. This file includes stays recorded in CMS central office through June 2000. Totals do not necessarily equal the sum of rounded components. Data may differ from other sources or from the same source with different update cycle.

SOURCE: CMS/OSP

September 2001

Medicare Short-Stay Hospital Discharges by Length of Stay
Calendar Year 1999

| Total Length of Stay | Discharges (aged and disabled) | | | Total Days of Care | | |
|----------------------|--------------------------------|----------------------|---------------------------------|--------------------|----------------------|---------------------------------|
| | Number | Percent Distribution | Cumulative Percent Distribution | Number | Percent Distribution | Cumulative Percent Distribution |
| TOTAL | 11,689,510 | 100.0 | -- | 70,940,880 | 100.0 | -- |
| 1 day | 1,411,835 | 12.1 | 12.1 | 1,411,835 | 2.0 | 2.0 |
| 2 days | 1,581,595 | 13.5 | 25.6 | 3,163,190 | 4.5 | 6.4 |
| 3 days | 1,700,495 | 14.5 | 40.2 | 5,101,485 | 7.2 | 13.6 |
| 4 days | 1,471,020 | 12.6 | 52.7 | 5,884,080 | 8.3 | 21.9 |
| 5 days | 1,135,780 | 9.7 | 62.5 | 5,678,900 | 8.0 | 29.9 |
| 6 days | 882,300 | 7.5 | 70.0 | 5,293,800 | 7.5 | 37.4 |
| 7 days | 715,515 | 6.1 | 76.1 | 5,008,605 | 7.1 | 44.5 |
| 8 days | 531,085 | 4.5 | 80.7 | 4,248,680 | 6.0 | 50.5 |
| 9 days | 390,600 | 3.3 | 84.0 | 3,515,400 | 5.0 | 55.4 |
| 10 days | 303,930 | 2.6 | 86.6 | 3,039,300 | 4.3 | 59.7 |
| 11 days | 240,950 | 2.1 | 88.7 | 2,650,450 | 3.7 | 63.4 |
| 12 days | 189,230 | 1.6 | 90.3 | 2,270,760 | 3.2 | 66.6 |
| 13 days | 163,470 | 1.4 | 91.7 | 2,125,110 | 3.0 | 69.6 |
| 14 days | 147,800 | 1.3 | 93.0 | 2,069,200 | 2.9 | 72.5 |
| 15 days | 117,150 | 1.0 | 94.0 | 1,757,250 | 2.5 | 75.0 |
| 16 days | 91,210 | 0.8 | 94.7 | 1,459,360 | 2.1 | 77.1 |
| 17 days | 74,660 | 0.6 | 95.4 | 1,269,220 | 1.8 | 78.9 |
| 18 days | 63,550 | 0.5 | 95.9 | 1,143,900 | 1.6 | 80.5 |
| 19 days | 53,340 | 0.5 | 96.4 | 1,013,460 | 1.4 | 81.9 |
| 20 days | 47,865 | 0.4 | 96.8 | 957,300 | 1.3 | 83.3 |
| 21-30 days | 244,465 | 2.1 | 98.9 | 5,962,200 | 8.4 | 91.7 |
| 31-40 days | 72,735 | 0.6 | 99.5 | 2,522,550 | 3.6 | 95.2 |
| 41-50 days | 29,655 | 0.3 | 99.7 | 1,327,860 | 1.9 | 97.1 |
| 51-60 days | 12,935 | 0.1 | 99.9 | 711,635 | 1.0 | 98.1 |
| 61-90 days | 12,280 | 0.1 | 100.0 | 872,830 | 1.2 | 99.3 |
| 91 days or more | 4,060 | 0.0 | 100.0 | 482,520 | 0.7 | 100.0 |

NOTES: These data reflect individual stays. A beneficiary may use more than one stay and each is counted separately. Calendar year data are derived from the 1999 MEDPAR stay file. This file includes stays recorded in CMS central office through June 2000. Totals do not necessarily equal the sum of rounded components. Data may differ from other sources or from the same source with different update cycle.

SOURCE: CMS/OSP

September 2001

Medicare Short-Stay Hospital DRGs Ranked by Discharges Fiscal Year 1999

| Rank | DRG No. | DRG Relative Weight | Number | Discharges ¹ Percent | Average Length of Stay | Average Charge Per Discharge | Total Medicare Payments ² (in thousands) | Total Medicare Beneficiary Payments ³ (in thousands) | Average Payments ⁴ | | |
|------|---------|---------------------|------------|---------------------------------|------------------------|------------------------------|---|---|--|---|---|
| | | | | | | | | | Beneficiary Payments ³ (in thousands) | Total Medicare Beneficiary Payments ³ (in thousands) | Average Medicare Beneficiary Payments ³ (\$) |
| 1 | 127 | 1.0199 | 11,952,079 | 100.0 | 6.7 | \$14,359 | \$86,662,865 | \$79,908,028 | \$6,754,836 | \$ 7,251 | \$ 6,686 |
| 2 | 089 | 1.1006 | 727,523 | 6.1 | 5.4 | 9,831 | 3,565,129 | 3,200,674 | 364,455 | 4,900 | 4,399 |
| 3 | 088 | 0.9705 | 512,593 | 4.3 | 6.1 | 10,267 | 5,560,507 | 5,262,937 | 297,570 | 10,848 | 10,267 |
| 4 | 209 | 1.1889 | 399,638 | 3.3 | 5.3 | 8,860 | 1,773,617 | 1,551,369 | 222,247 | 4,438 | 3,882 |
| 5 | 014 | 2.2337 | 359,625 | 3.0 | 6.1 | 11,564 | 2,059,736 | 1,840,866 | 218,870 | 5,727 | 5,119 |
| 6 | 116 | 0.8073 | 356,006 | 3.0 | 5.1 | 20,113 | 3,590,828 | 3,349,736 | 241,093 | 10,086 | 9,409 |
| 7 | 430 | 2.5321 | 309,257 | 2.6 | 11.7 | 12,019 | 1,982,907 | 1,794,802 | 188,105 | 6,412 | 5,804 |
| 8 | 462 | 0.9925 | 273,202 | 2.3 | 3.9 | 24,181 | 3,293,131 | 3,139,220 | 153,911 | 12,054 | 11,490 |
| 9 | 174 | 0.7664 | 251,520 | 2.1 | 4.8 | 9,642 | 1,188,011 | 1,047,723 | 140,288 | 4,723 | 4,166 |
| 10 | 296 | 1.4041 | 237,678 | 2.0 | 4.3 | 7,404 | 856,426 | 726,656 | 129,770 | 3,603 | 3,057 |
| 11 | 182 | 0.8657 | 235,855 | 2.0 | 13.8 | 17,263 | 2,344,070 | 2,289,963 | 54,106 | 9,939 | 9,709 |
| 12 | 416 | 1.4838 | 235,799 | 2.0 | 5.3 | 8,373 | 1,009,186 | 891,883 | 117,304 | 4,280 | 3,782 |
| 13 | 138 | 0.7962 | 216,085 | 1.8 | 7.3 | 14,652 | 1,581,436 | 1,463,381 | 118,055 | 7,319 | 6,772 |
| 14 | 143 | 1.6258 | 205,129 | 1.7 | 4.0 | 7,860 | 779,084 | 667,005 | 112,079 | 3,798 | 3,252 |
| 15 | 079 | 0.8782 | 204,714 | 1.7 | 8.4 | 15,820 | 1,614,009 | 1,506,424 | 107,585 | 7,884 | 7,359 |
| 16 | 320 | 0.5200 | 184,455 | 1.5 | 5.4 | 8,441 | 789,761 | 687,272 | 102,489 | 4,282 | 3,726 |
| 17 | 121 | 1.6537 | 175,090 | 1.5 | 2.2 | 5,204 | 434,134 | 327,328 | 106,807 | 2,479 | 1,869 |
| 18 | 132 | 0.6749 | 170,044 | 1.4 | 6.5 | 15,185 | 1,144,844 | 1,144,030 | 91,185 | 6,733 | 6,728 |
| 19 | 015 | 1.3565 | 168,525 | 1.4 | 3.1 | 6,363 | 517,814 | 430,525 | 87,289 | 3,073 | 2,555 |
| 20 | 124 | 0.7241 | 145,740 | 1.2 | 4.4 | 13,729 | 939,565 | 860,877 | 78,688 | 6,447 | 5,907 |
| 21 | 148 | 1.4565 | 145,465 | 1.2 | 3.7 | 7,111 | 496,238 | 405,722 | 90,516 | 3,411 | 2,789 |
| 22 | 210 | 3.3883 | 144,289 | 1.2 | 12.1 | 33,258 | 2,482,000 | 2,390,546 | 91,453 | 17,202 | 16,568 |
| 23 | 478 | 1.8265 | 134,991 | 1.1 | 6.8 | 17,208 | 1,163,899 | 1,078,892 | 85,008 | 8,622 | 7,992 |
| 24 | 475 | 2.2981 | 119,926 | 1.0 | 7.3 | 23,809 | 1,446,107 | 1,382,537 | 63,569 | 12,058 | 11,528 |
| 25 | 316 | 3.7291 | 110,704 | 0.9 | 11.1 | 37,112 | 2,130,929 | 2,062,978 | 67,950 | 19,249 | 18,635 |
| | | | 5.5843 | 101,672 | 0.9 | 10.5 | 54,591 | 2,726,287 | 2,667,814 | 58,473 | 26,239 |

¹ Based on the stay records for 100% of Medicare aged and disabled beneficiaries as recorded in the MEDPAR file.

² Total payments represent total hospital revenue for Medicare enrollee utilization, including Medicare payments and beneficiary obligations.

³ Excluded bills for no-pay, at-risk managed care utilization and no-pay Medicare secondary payer bills.

⁴ Beneficiary payments are the responsibility of the beneficiary or other third party payer.

⁴ Average payments are calculated using actual dollar amount, not rounded data as shown.

SOURCE: CMS/OIS

Medicare Ranking for all Short-Stay Hospitals
Fiscal Year 1999 versus 1998

| FY Rank 1999 | FY Rank 1998 | DRG Number | Descriptions |
|-----------------|-----------------|---------------|--|
| 1 | 1 | 127 | Heart Failure and Shock |
| 2 | 2 | 089 | Simple Pneumonia and Pleurisy, Age over 17 with Complicating Conditions |
| 3 | 3 | 088 | Chronic Obstructive Pulmonary Disease |
| 4 | 5 | 209 | Major Joint and Limb Reattachment Procedures |
| 5 | 4 | 014 | Specific Cerebrovascular Disorders Except Transient Ischemic Attack |
| 6 | 7 | 116 | Oth perm cardiac pacemaker implant or aid or lead or generator proc |
| 7 | 6 | 430 | Psychoses |
| 8 | 10 | 462 | Rehabilitation |
| 9 | 8 | 174 | Gastrointestinal Hemorrhage with Complicating Conditions |
| 10 | 11 | 296 | Nutritional and Miscellaneous Metabolic Disorders, Age over 17 with Complicating Conditions |
| 11 | 9 | 182 | Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders, Age over 17 with Complicating Conditions |
| 12 | 12 | 416 | Septicemia, Age over 17 |
| 13 | 13 | 138 | Cardiac Arrhythmia and Conduction Disorders, with Complicating Conditions |
| 14 | 16 | 143 | Chest Pain |
| 15 | 14 | 079 | Respiratory Infections and Inflammations, Age over 17 with Complicating Conditions |
| 16 | 15 | 320 | Kidney and Urinary Tract Infections, Age over 17 with Complicating Conditions |
| 17 | 17 | 121 | Circulatory Disorders with Acute Myocardial Infarction, with Cardiovascular Complications, Discharged Alive |
| 18 | 18 | 132 | Atherosclerosis with Complicating Conditions |
| 19 | 20 | 015 | Transient Ischemic Attack and Precerebral Occlusions |
| 20 | 19 | 124 | Circulatory Disorders excluding Acute Myocardial Infarction, with Cardiovascular Catheter with Complex Diagnosis |
| 21 | 21 | 148 | Major small and large bowel procedures with cc |
| 22 | 22 | 210 | Hip and Femur Procedures except Major Joint, Age over 17 with Complicating Conditions |
| 23 | 23 | 478 | Other Vascular Procedures with Complicating Conditions |
| 24 | 24 | 475 | Respiratory system diagnosis with ventilator support |
| 25 | 27 | 316 | Renal Failure |

SOURCE: CMS/OIS

September 2001

**Medicare Leading Part B Procedure Codes Based on Allowed Charges
Calendar Year 1999**

| Procedure Code | Description | Allowed Charges | Percent of Allowed Charges ¹ |
|--------------------------------------|---|------------------|---|
| All Procedure Codes ² | | \$60,578,047,543 | 100.0 |
| Leading Procedure Codes ³ | | 29,521,891,768 | 48.7 |
| 99213 | Office/outpatient evaluation and management, established patient, level 3 | 3,610,946,027 | 6.0 |
| 99214 | Evaluation and Management, established patient, level 4 | 2,219,316,094 | 3.7 |
| 99232 | Subsequent hospital care, per day, evaluation and management, level 2 | 1,961,682,442 | 3.2 |
| 66984 | Remove cataract, insert lens | 1,853,930,834 | 3.1 |
| 99233 | Subsequent hospital care, per day, evaluation and management, level 2 | 968,000,885 | 1.6 |
| 99212 | Office/outpatient visit, est | 844,913,743 | 1.4 |
| 99231 | Subsequent hospital care, per day, evaluation and management, level 1 | 834,938,911 | 1.4 |
| 99223 | Initial hospital care for evaluation and management, level 3 | 673,658,217 | 1.1 |
| 99215 | Office/outpatient evaluation and management, established patient, level 5 | 572,234,004 | 0.9 |
| 99254 | Initial inpatient consultation for a new or established patient, level 4 | 549,012,750 | 0.9 |
| 88305 | Level II - Surgical pathology, gross and microscopic examination | 545,927,351 | 0.9 |
| 93307 | Echocardiography, real-time with image documentation (2D), complete | 497,870,817 | 0.8 |
| 99285 | Emergency department evaluation and management, level 5 | 462,365,335 | 0.8 |
| 99244 | Office consultation for a new or established patient, level 4 | 452,028,935 | 0.7 |
| 92014 | Eye exam & treatment | 431,463,693 | 0.7 |
| 99284 | Emergency dept visit | 425,938,745 | 0.7 |
| 90921 | ESRD related services, age 20 and over | 405,800,613 | 0.7 |
| 99255 | Initial inpatient consultations | 403,716,988 | 0.7 |
| 78465 | Heart image (3D) multiple | 395,367,179 | 0.7 |
| 99238 | Emergency department evaluation and management, level 3 | 381,103,110 | 0.6 |
| 99312 | Subsequent nursing facility care, per day, for evaluation, level 3 | 377,415,394 | 0.6 |
| 99222 | Initial hospital care, for evaluation and management, level 2 | 355,561,480 | 0.6 |
| 99291 | Critical care, including the diagnostic and therapeutic services | 325,824,488 | 0.5 |
| 99203 | Office/outpatient visit, new, evaluation and management, low complexity | 298,968,230 | 0.5 |
| 99243 | Office consultation, established patient, moderate severity, 40 minutes | 289,594,258 | 0.5 |

Medicare Leading Part B Procedure Codes Based on Allowed Charges
Calendar Year 1999

| Procedure Code | Description | Allowed Charges | Percent of Allowed Charges ¹ |
|----------------|---|-----------------|---|
| 99283 | Emergency department evaluation and management, level 3 | 279,150,994 | 0.5 |
| 99204 | Office/outpatient visit, new, evaluation and management, moderate complexity | 287,501,927 | 0.5 |
| 90806 | Psyx, off, 45-50 min | 281,173,987 | 0.5 |
| 71020 | Radiologic examination, chest, two views, frontal and lateral | 271,231,504 | 0.4 |
| 99245 | Office consultation for a new or established patient, level 5 | 267,131,301 | 0.4 |
| 93000 | Electrocardiogram, complete with at least 12 leads, interpretation & report | 260,326,728 | 0.4 |
| 27447 | Arthroplasty, knee, condyle and plateau | 259,959,604 | 0.4 |
| 99253 | Initial inpatient consultation, new, evaluation and management | 254,088,850 | 0.4 |
| 45378 | Diagnostic colonoscopy | 253,919,286 | 0.4 |
| 33533 | Coronary artery bypass, using arterial graft(s); single arterial graft | 245,006,656 | 0.4 |
| 92980 | Insert intracoronary stent, single vessel | 243,235,021 | 0.4 |
| 99311 | Subsequent nursing facility care, per day, for evaluation, level 1 | 240,558,874 | 0.4 |
| 92012 | Ophthalmological medical exam/evaluation, established patient | 237,895,430 | 0.4 |
| 11721 | Debride nail, 6 or more | 220,936,520 | 0.4 |
| 43239 | Upper GI endoscopy, including esophagus biopsy | 213,065,158 | 0.4 |
| 70553 | Magnetic image, brain | 211,208,334 | 0.3 |
| 93320 | Doppler echo exam, heart, pulsed wave and/or continuous wave | 210,755,122 | 0.3 |
| 45385 | Colonoscopy, with removal of tumor, polyp, or lesion | 202,264,298 | 0.3 |
| 66821 | Lazer surgery (YAG lazer), one or more stages | 198,679,844 | 0.3 |
| 90862 | Medication management including prescription use and review of medication | 196,784,557 | 0.3 |
| 77430 | Weekly radiation therapy management | 189,190,890 | 0.3 |
| 93510 | Left heart catheterization, retrograde, from brachial, axillary or femoral artery | 188,697,122 | 0.3 |
| 98941 | Chiropractic manipulation, three to four regions | 183,127,601 | 0.3 |
| 93880 | Duplex scan of extracranial arteries, complete bilateral study | 176,746,264 | 0.3 |
| 93325 | Doppler color flow velocity mapping | 176,327,420 | 0.3 |
| 93010 | Electrocardiogram, interpretation and report only | 175,709,432 | 0.3 |
| 00142 | Anesthesia for lens surgery | 169,117,273 | 0.3 |
| 76092 | Mammogram, screening, two view film study of each breast | 167,097,308 | 0.3 |
| 97110 | Therapeutic exercises, one or more areas, 15 minutes each | 164,460,638 | 0.3 |
| 98940 | Chiropractic manipulation | 161,701,555 | 0.3 |
| 99205 | Office/outpatient visit, new, 60 minutes | 160,169,781 | 0.3 |

Medicare Leading Part B Procedure Codes Based on Allowed Charges Calendar Year 1999

| Procedure Code | Description | Allowed Charges | Percent of Allowed Charges ¹ |
|-------------------|---|--------------------|---|
| 71010 | Chest x-ray, single view, frontal | 156,507,159 | 0.3 |
| 99202 | Office or other outpatient visit for evaluation and management of new patient | 151,655,737 | 0.3 |
| 80061 | Lipid panel | 145,437,209 | 0.2 |
| 99211 | Office/outpatient visit, established patient, evaluation and management | 139,093,038 | 0.2 |
| 93015 | Cardiovascular stress test with physician supervision | 139,049,224 | 0.2 |
| 17003 | Destroy lesions, 2-14 | 137,136,778 | 0.2 |
| 92004 | Eye exam, new patient | 136,598,748 | 0.2 |
| 72148 | Magnetic image, lumbar spine | 135,930,300 | 0.2 |
| 20610 | Drain/inject, joint/bursa | 133,082,390 | 0.2 |
| 99313 | Subsequent nursing facility care, per day, for evaluation, level 1 | 130,751,720 | 0.2 |
| 17000 | Destroy benign/premalignant lesion | 130,599,992 | 0.2 |
| 00562 | Anesth, open heart surgery | 130,294,411 | 0.2 |
| 70450 | CAT scan of head or brain | 128,398,156 | 0.2 |
| 76075 | Dual energy x-ray study | 124,509,679 | 0.2 |
| 27130 | Total hip replacement | 123,160,350 | 0.2 |
| 45380 | Colonoscopy and biopsy, single or multiple | 121,347,792 | 0.2 |
| 35301 | Rechanneling of artery | 120,744,959 | 0.2 |
| 74160 | Contrast CAT scan of abdomen | 120,501,353 | 0.2 |
| 27244 | Repair of thigh fracture, with plate/screw type implant, with or without cerclage | 118,457,734 | 0.2 |
| 84443 | Thyroid simulating hormone (TSH) | 113,835,237 | 0.2 |

¹ Allowed charges are shown as a percent of all physician and supplier allowed charges submitted to Part B carriers.

² The total number of procedure codes is approximately 10,000.

³ Allowed charges were aggregated by procedure code. The above listed 76 procedure codes account for approximately 49% of the allowed charges.

NOTES: The AMA owns the copyright on the CPT codes and the copyright remains unaltered by the CMS publication of CPT codes in this document. CPT codes are not public property and must always be used in compliance with copyright law.

SOURCE: CMS/OIS

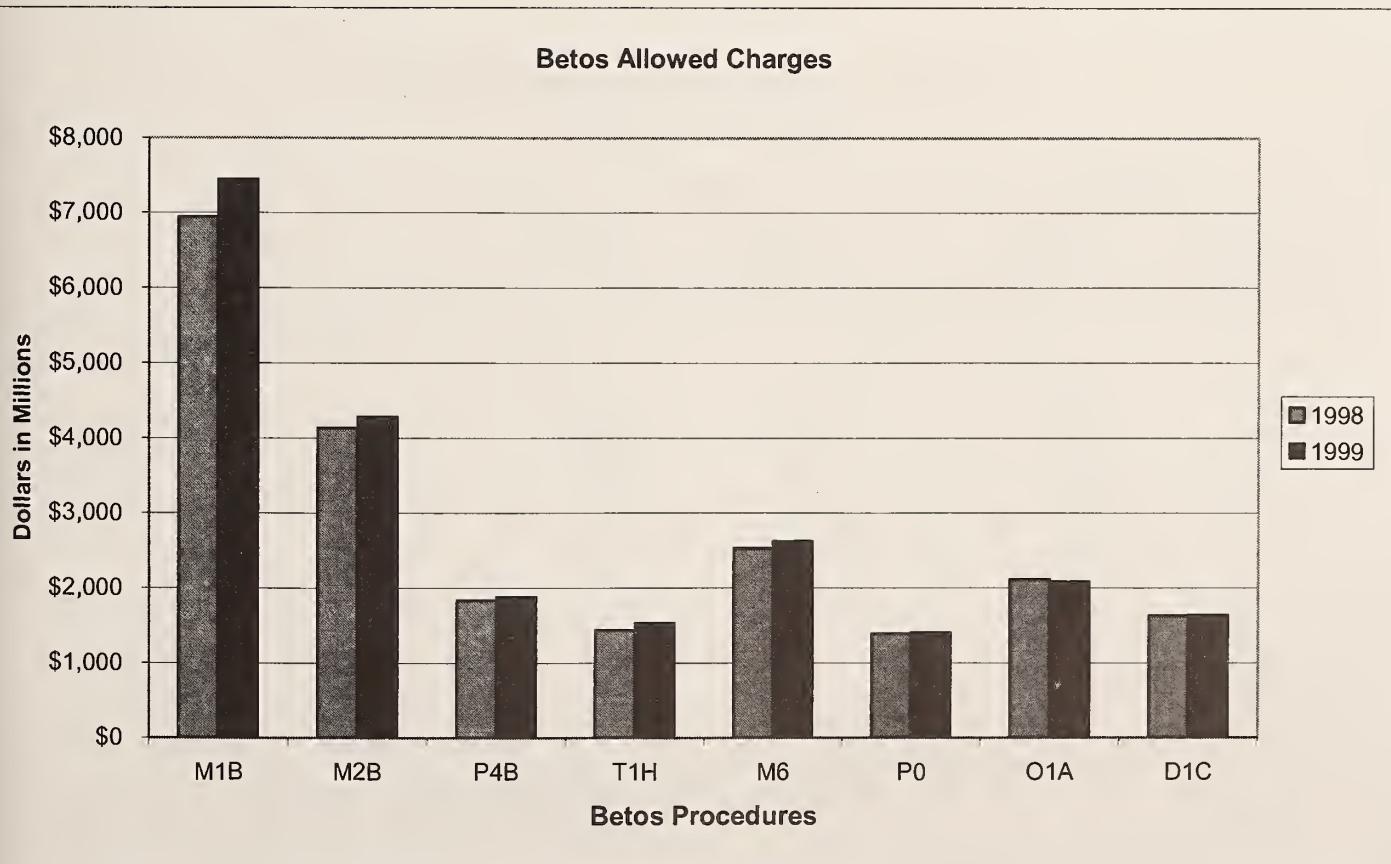
September 2001

**Leading Medicare Physician and Supplier BETOS
Procedures, Based on Allowed Charges
Calendar Years 1998 and 1999**

| Betos Code | Description | Medicare Allowed Charges | |
|---------------|--|--------------------------|-----------------|
| | | 1998 | 1999 |
| M1B | Office Visits - Established | \$6,942,464,219 | \$7,440,581,498 |
| M2B | Hospital Visit - Subsequent | 4,131,985,525 | 4,279,031,581 |
| P4B | Eye Procedure - Cataract/Removal Lens Insertion | 1,829,982,079 | 1,876,199,027 |
| T1H | Lab Tests - Other (Non-Medicare Fee Schedule) | 1,431,206,074 | 1,527,525,225 |
| M6 | Consultations | 2,524,427,763 | 2,618,535,123 |
| P0 | Anesthesia | 1,383,319,173 | 1,396,221,202 |
| O1A | Ambulance | 2,106,355,598 | 2,074,180,935 |
| D1C | Oxygen and Supplies | 1,622,677,290 | 1,632,139,433 |

NOTE: BETOS is the Berenson/Eggers Type of Service classification system, a joint Urban Institute/Centers for Medicare and Medicaid Services effort.

SOURCE: CMS/OIS



SOURCE: CMS/OIS

September 2001



Medicare Persons Served by Type of Coverage
Selected Calendar Years

| | 1975 | 1980 | 1985 | 1995 | 1998 | 1999 |
|--------------------------------|------|------|------|------|------|------|
| Aged Persons Served | | | | | | |
| per 1,000 Enrollees | | | | | | |
| HI and/or SMI | 528 | 638 | 722 | 826 | 918 | 921 |
| HI | 221 | 240 | 219 | 218 | 243 | 232 |
| SMI | 536 | 652 | 739 | 858 | 964 | 966 |
| Disabled Persons Served | | | | | | |
| per 1,000 Enrollees | | | | | | |
| HI and/or SMI | 450 | 594 | 669 | 759 | 821 | 830 |
| HI | 219 | 246 | 228 | 212 | 206 | 198 |
| SMI | 471 | 634 | 715 | 837 | 925 | 936 |

NOTES: Prior to 1998, utilization rates per 1,000 enrollees came from the Annual Person Summary and were not yet modified to exclude persons enrolled in managed care. Beginning in 1998, utilization counts are based on a five-percent sample of beneficiaries and the rates are adjusted to exclude managed care enrollees.

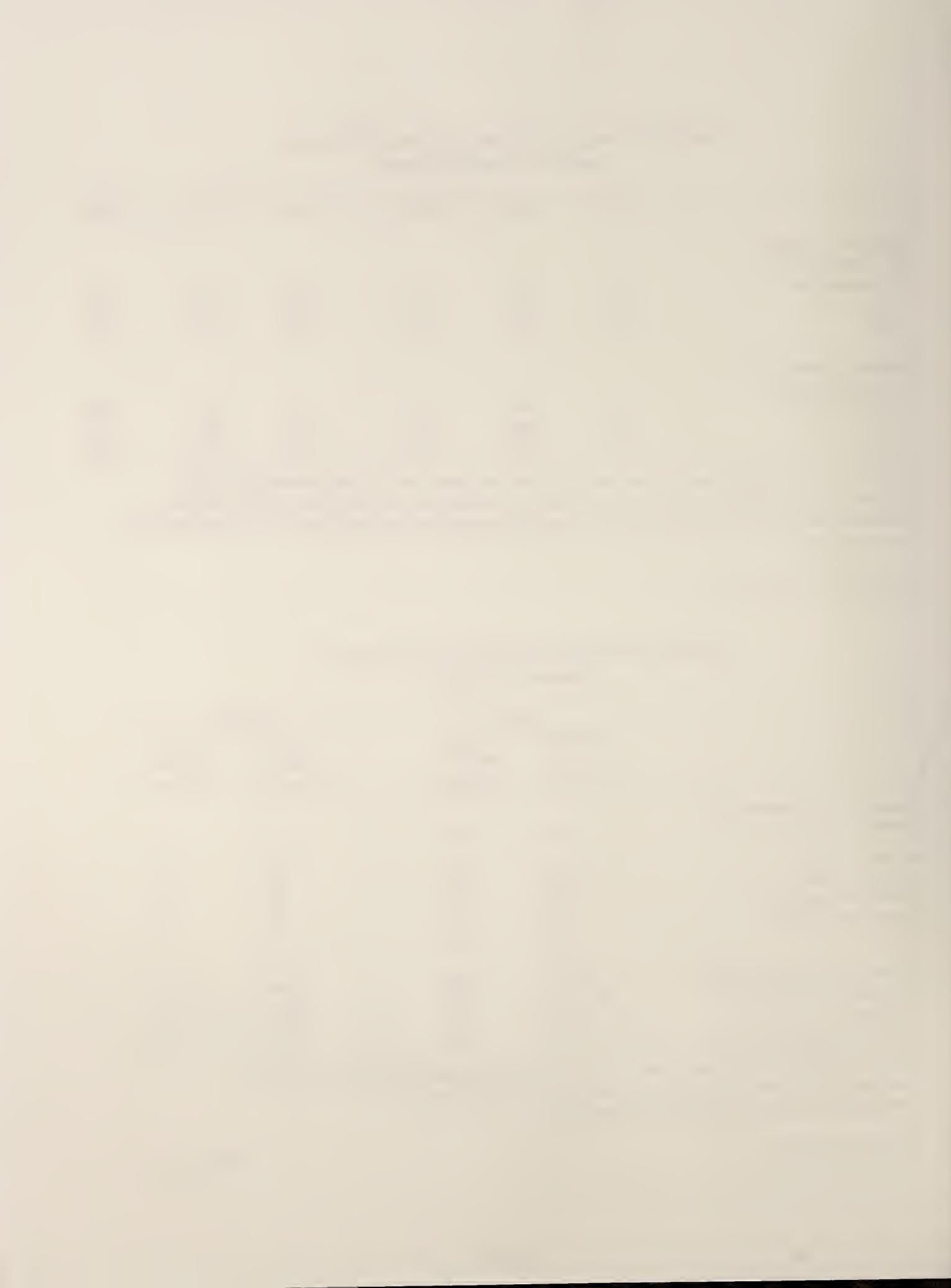
SOURCES: CMS/OIS/OSP

Medicare Persons Served by Type of Service
Calendar Year 1999

| | Aged | | Disabled | |
|--|--|---|--|---|
| | Persons Served in thousands ¹ | Served per 1,000 Enrollees ² | Persons Served in thousands ¹ | Served per 1,000 Enrollees ² |
| Hospital and/or Supplementary Medical Insurance | | | | |
| Medical Insurance | 25,274 | 921 | 3,937 | 830 |
| Hospital Insurance | 6,282 | 232 | 937 | 198 |
| Inpatient Hospital | 5,930 | 219 | 937 | 193 |
| Skilled Nursing Facility | 1,374 | 51 | 74 | 16 |
| Home Health Agency | 1,417 | 52 | 126 | 27 |
| Hospice | 450 | 17 | 24 | 5 |
| Supplementary Medical Insurance | 25,048 | 966 | 3,898 | 936 |
| Physician/Other Supplier | 24,615 | 950 | 3,764 | 904 |
| Outpatient | 17,844 | 688 | 2,828 | 655 |
| Home Health Agency | 1,221 | 47 | 127 | 31 |

¹ Medicare enrollees who received a covered service for which Medicare Trust Fund payments were made and for which bills were received and processed in CMS Central Office.

² Rates exclude members of prepaid health care plans.

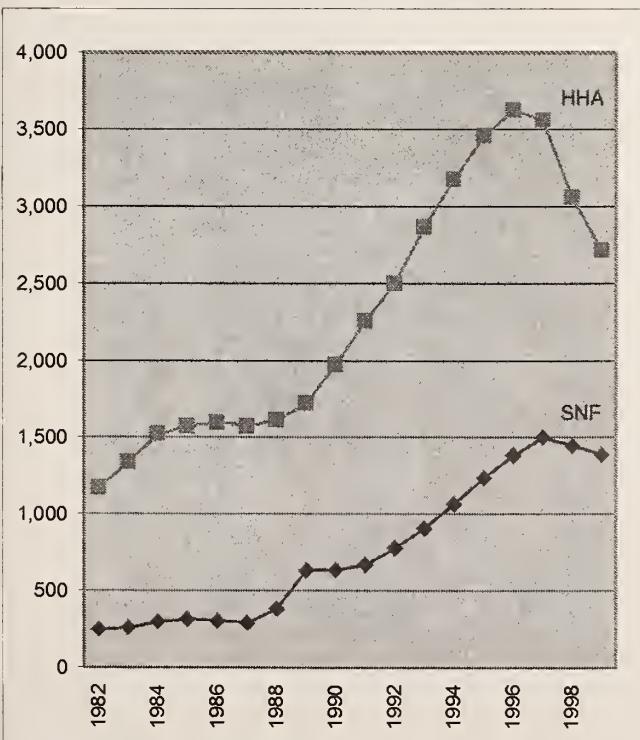


Medicare Use of Selected Types of Long-Term Care
Calendar Years 1982 - 1999

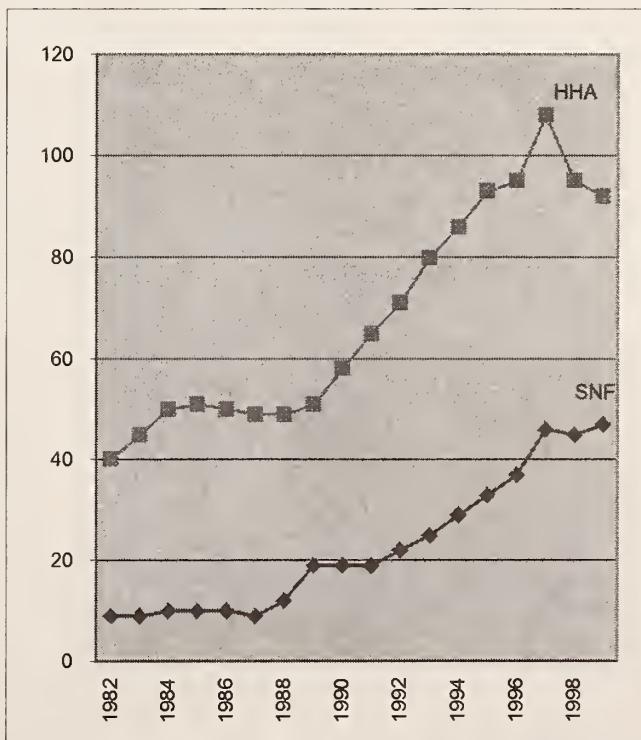
| Calendar Year | Skilled Nursing Facilities | | Home Health Agencies | |
|---------------|--------------------------------|-----------------------------|--------------------------------|-----------------------------|
| | Persons Served in thousands | Rate Per 1,000 Enrollees | Persons Served in thousands | Rate Per 1,000 Enrollees |
| 1982 | 252 | 9 | 1,172 | 40 |
| 1983 | 264 | 9 | 1,338 | 45 |
| 1984 | 299 | 10 | 1,522 | 50 |
| 1985 | 315 | 10 | 1,576 | 51 |
| 1986 | 304 | 10 | 1,601 | 50 |
| 1987 | 293 | 9 | 1,575 | 49 |
| 1988 | 384 | 12 | 1,613 | 49 |
| 1989 | 636 | 19 | 1,721 | 51 |
| 1990 | 638 | 19 | 1,978 | 58 |
| 1991 | 670 | 19 | 2,255 | 65 |
| 1992 | 779 | 22 | 2,504 | 71 |
| 1993 | 908 | 25 | 2,867 | 80 |
| 1994 | 1,068 | 29 | 3,176 | 86 |
| 1995 | 1,240 | 33 | 3,457 | 93 |
| 1996 | 1,384 | 37 | 3,627 | 95 |
| 1997 | 1,503 | 46 ¹ | 3,505 | 106 ¹ |
| 1998 | 1,447 | 45 ¹ | 3,062 | 95 ¹ |
| 1999 | 1,390 | 47 ¹ | 2,720 | 92 ¹ |

¹ Excludes managed care enrollees in rate.

Persons Served in Thousands



Rates Per 1,000 Enrollees



SOURCES: CMS/OIS/OSP

September 2001



**End Stage Renal Disease Care Provided by
Medicare Approved Facilities
Selected Calendar Years**

| | 1990 | 1997 | 1998 | 1999 |
|---------------------------------------|---------|---------|---------|---------|
| Dialysis Patients | 129,800 | 230,190 | 245,710 | 259,493 |
| Outpatient | 107,160 | 198,968 | 216,310 | 231,032 |
| Home | 22,640 | 31,222 | 29,400 | 28,461 |
| Dialysis Patient Eligibility Status | | | | |
| Medicare | 113,127 | 196,368 | 207,218 | 216,232 |
| Medicare Application Pending | 9,582 | 13,042 | 14,512 | 16,279 |
| Non-Medicare | 7,091 | 20,780 | 23,980 | 26,982 |
| Transplant Patients | 9,779 | 12,427 | 13,272 | 13,478 |
| Transplant Patient Eligibility Status | | | | |
| Medicare | 8,340 | 9,876 | 10,241 | 9,900 |
| Medicare Application Pending | 633 | 850 | 1,105 | 1,183 |
| Non-Medicare | 806 | 1,631 | 1,918 | 2,395 |
| Transplant Procedures | 9,796 | 12,427 | 13,272 | 13,478 |
| Living Related Donor | 2,001 | 3,210 | 3,453 | 3,583 |
| Living Unrelated Donor | 90 | 705 | 1,067 | 1,061 |
| Cadaveric Donor | 7,705 | 8,512 | 8,752 | 8,839 |
| Medicare Approved ESRD Facilities | 2,072 | 3,423 | 3,586 | 3,917 |
| Dialysis (Hospital and Non-Hospital) | 1,799 | 3,133 | 3,307 | 3,637 |
| Transplant and Dialysis | 169 | 160 | 148 | 145 |
| Transplant Only | 53 | 84 | 87 | 92 |
| Inpatient Care Only | 51 | 46 | 44 | 43 |
| Average Dialysis Payment Rate | \$127 | \$127 | \$127 | \$129 |
| Hospital Based | 129 | 129 | 129 | 131 |
| Independents | 125 | 125 | 125 | 127 |

SOURCE: CMS/OCSQ

September 2001



Home Health Agency - Medicare National Summary

| Calendar Year | Total Claims | Total Reimbursement | Total Visits | Average Reimbursement Per Patient | Average Visit Per Patient |
|---------------|--------------|---------------------|--------------|-----------------------------------|---------------------------|
| 1997 | 18,625,911 | \$16,723,013,079 | 257,751,114 | \$4,705 | 73 |
| 1998 | 12,229,153 | \$10,446,204,875 | 154,992,259 | \$3,412 | 51 |
| 1999 | 9,740,299 | \$7,908,326,030 | 112,747,716 | \$2,914 | 42 |

NOTE: Data include Puerto Rico, Virgin Islands, and unknown.

Hospice - Medicare National State Summary

| Calendar Year | Total Patients | Total Reimbursement | Total Covered Days | Average Reimbursement Per Patient | Average Days Per Patient |
|---------------|----------------|---------------------|--------------------|-----------------------------------|--------------------------|
| 1997 | 382,989 | \$2,057,089,168 | 19,102,900 | \$5,371 | 50 |
| 1998 | 420,824 | \$2,206,671,929 | 20,211,128 | \$5,244 | 48 |
| 1999 | 474,270 | \$2,525,402,040 | 22,746,562 | \$5,325 | 48 |

NOTE: Data include Puerto Rico.

Skilled Nursing Facilities Non Swing Bed - Medicare National Summary

| Calendar Year | Total Discharges | Total Reimbursement | Total Covered Days | Average Reimbursement Per Discharge | Average Days Per Discharge |
|---------------|------------------|---------------------|--------------------|-------------------------------------|----------------------------|
| 1997 | 1,581,734 | \$11,049,835,299 | 47,295,120 | \$6,986 | 30 |
| 1998 | 1,587,931 | \$11,312,643,901 | 45,240,400 | \$7,124 | 29 |
| 1999 | 1,449,536 | \$9,471,398,469 | 42,534,503 | \$6,534 | 29 |

NOTE: Data include Puerto Rico, Virgin Islands, and unknown. Data does not include swing bed units.

Outpatient - Medicare National Summary

| Calendar Year | Total Patients | Total Charges | Total Payments | Average Charge Per Patient | Average Payment Per Patient |
|---------------|----------------|------------------|------------------|----------------------------|-----------------------------|
| 1997 | 20,800,884 | \$53,150,295,114 | \$17,260,342,976 | \$2,555 | \$830 |
| 1998 | 20,453,026 | \$54,845,037,206 | \$16,865,568,630 | \$2,684 | \$825 |
| 1999 | 20,572,387 | \$56,480,389,232 | \$16,297,320,577 | \$2,745 | \$792 |

NOTE: Data include Puerto Rico, Virgin Islands, and unknown.

SOURCES: CMS/OIS/HCIS

September 2001

Medicaid Recipients by Type of Service
Fiscal Years 1996 - 1998

| | 1996 | 1997 | 1998 |
|--|--------|--------|--------|
| in thousands | | | |
| Total | 36,118 | 33,579 | 40,649 |
| Inpatient Services | | | |
| General Hospitals | 5,361 | 4,746 | 4,273 |
| Mental Hospitals | 93 | 87 | 135 |
| Nursing Facilities Services ¹ | 1,594 | 1,603 | 1,646 |
| ICF Services | | | |
| Mentally Retarded | 140 | 136 | 126 |
| Physician Services | 22,861 | 21,170 | 18,555 |
| Dental Services | 6,208 | 5,935 | 4,965 |
| Other Practitioner Services | 5,343 | 5,141 | 4,342 |
| Outpatient Hospital Services | 15,905 | 13,632 | 12,158 |
| Clinic Services | 5,070 | 4,713 | 5,285 |
| Laboratory & Radiological | 12,607 | 11,074 | 9,381 |
| Home Health Services | 1,727 | 1,861 | 1,225 |
| Personal Care Support Services | na | na | 3,108 |
| Prescribed Drugs | 22,585 | 20,954 | 19,338 |
| Family Planning Services | 2,366 | 2,091 | 2,011 |
| Early and Periodic Screening | 6,589 | 6,450 | 6,175 |
| Rural Health Clinics | 1,407 | 1,446 | na |
| Home & Community Based Waiver Services | na | na | 467 |
| Prepaid Health Care | na | na | 20,203 |
| PCCM Services | na | na | 4,066 |
| Other Care | 13,108 | 12,389 | 6,975 |

¹ Nursing facilities services recipients include individuals other than the mentally retarded receiving "all other" intermediate care facility services.

SOURCE: CMS/CMSO

Medicaid Units of Service ¹
Fiscal Years 1997 and 1998

| | 1997 | 1998 |
|--|---------|---------|
| Units in thousands | | |
| General Hospital | | |
| Total Discharges | 4,409 | 3,971 |
| Recipients Discharged | 3,135 | 2,793 |
| Total Days of Care | 21,532 | 19,091 |
| Nursing Facility Services ¹ | | |
| Total Recipients | 1,603 | 1,555 |
| Total Days of Care | 388,985 | 384,549 |
| Intermediate Care Facility for the Mentally Retarded | | |
| Total Recipients | 136 | 124 |
| Total Days of Care | 62,423 | 50,636 |

¹ Nursing facilities include skilled nursing facility and intermediate care facility services for all providers for other than the mentally retarded.

NOTE: Data not available for home health visits, rural health clinic visits, physician visits, and drug prescriptions.

SOURCE: CMS/CMSO

September 2001

National Community Hospital Utilization
1973 - 1999

| Year | Admissions in millions | Inpatient Days in millions | Average Stay in days | Outpatient Visits in millions | Adjusted Expenses per Inpatient Day |
|------|---------------------------|----------------------------------|----------------------------|-------------------------------------|--|
| 1973 | 31.7 | 248 | 7.8 | 173 | \$102 |
| 1974 | 32.9 | 255 | 7.8 | 189 | 114 |
| 1975 | 33.4 | 258 | 7.7 | 191 | 134 |
| 1976 | 34.0 | 261 | 7.7 | 201 | 153 |
| 1977 | 34.3 | 261 | 7.6 | 199 | 174 |
| 1978 | 34.5 | 262 | 7.6 | 202 | 194 |
| 1979 | 35.1 | 265 | 7.6 | 199 | 217 |
| 1980 | 36.1 | 273 | 7.6 | 202 | 245 |
| 1981 | 36.4 | 278 | 7.6 | 203 | 284 |
| 1982 | 36.4 | 278 | 7.6 | 248 | 327 |
| 1983 | 36.2 | 273 | 7.6 | 210 | 369 |
| 1984 | 35.2 | 257 | 7.3 | 212 | 411 |
| 1985 | 33.4 | 237 | 7.1 | 219 | 460 |
| 1986 | 32.4 | 229 | 7.1 | 232 | 501 |
| 1987 | 31.6 | 227 | 7.2 | 246 | 539 |
| 1988 | 31.5 | 227 | 7.2 | 269 | 586 |
| 1989 | 31.1 | 225 | 7.2 | 286 | 637 |
| 1990 | 31.2 | 226 | 7.2 | 301 | 687 |
| 1991 | 31.1 | 223 | 7.2 | 322 | 752 |
| 1992 | 31.0 | 221 | 7.1 | 349 | 820 |
| 1993 | 30.7 | 216 | 7.0 | 367 | 881 |
| 1994 | 30.7 | 207 | 6.7 | 383 | 931 |
| 1995 | 30.9 | 200 | 6.5 | 414 | 968 |
| 1996 | 31.1 | 194 | 6.2 | 440 | 1,006 |
| 1997 | 31.6 | 193 | 6.1 | 450 | 1,033 |
| 1998 | 31.8 | 191 | 6.0 | 474 | 1,067 |
| 1999 | 32.4 | 192 | 5.9 | 495 | 1,103 |

SOURCE: American Hospital Association

September 2001

VI. PROVIDERS/SUPPLIERS

Information in this section concerns institutions, agencies or professionals who provide health care services and furnish health care equipment or supplies. Medicare and Medicaid providers are combined in this section since Medicare providers are deemed certified for the Medicaid program. Additional information on providers of services are contained in STATE DATA (Section VII).

HIGHLIGHTS

- o *From 1980 to 2001, the number of inpatient hospital facilities decreased 11.0 percent from 6,777 to 6,031. Beds per 1,000 enrollees dropped from 46.7 in 1980 to 25.4 in 2001. During this same period, the number of psychiatric hospitals increased from 408 to 519, but their beds per 1,000 enrollees dropped from 5.3 to 1.8.*
- o *Skilled nursing facilities have nearly tripled from 5,052 in 1980 to 14,841 in 2001. Home health agencies have more than doubled from 2,924 in 1980 to 7,099 in 2001.*
- o *The number of ambulatory surgical centers increased over ninefold from 336 in 1985 to 3,147 in 2001. During this same period the number of hospices increased from 164 to 2,267.*
- o *By December 2000, 168,333 facilities had registered under the Clinical Lab Improvement Act which became effective 10/1/92.*
- o *End-Stage Renal Disease facilities nearly quadrupled from 999 in 1980 to 3,991 in 2001.*
- o *The percent of Medicare assigned claims (51.9 percent in 1975) continues to increase, from 97.5 percent in 1999 to 97.8 percent in 2000.*
- o *As of January 2000, enrollment in the Medicare participating physician program was 88.3 percent. By January 2001, the enrollment was 88.7 percent.*
- o *As of March 1985, Medicare had 154 HMO/CMP plans with 1.1 million enrollees. By May 2001, there were 249 Managed Care plans with 6.2 million enrollees.*

Medicare Hospital Status 2001

| | |
|---|-------|
| Total Hospitals | 6,940 |
| Hospitals under Inpatient PPS | 5,326 |
| Hospitals Receiving Special Consideration: | 1,340 |
| Regional Referral Centers ¹ | 213 |
| Sole Community Hospitals | 717 |
| Sole Community/Regional Referral Center | 77 |
| Medicare Dependent Hospitals | 333 |
| Non-PPS Hospitals | 1,614 |
| Categorically Exempt: | 1,488 |
| Psychiatric | 507 |
| Rehabilitation | 210 |
| Christian Science | 15 |
| Childrens | 77 |
| Other Long Term | 260 |
| Critical Access | 419 |
| Alcohol/Drug | 0 |
| Short-Stay Hospitals in Waiver State (Maryland) | 68 |
| Short-Stay Indian Health Service Hospitals | 48 |
| Cancer Hospitals | 10 |
| Total Excluded Units | 2,372 |
| Psychiatric | 1,446 |
| Rehabilitation | 926 |

¹ Total number of hospitals subject to PPS regardless of actual submitted inpatient hospital claims during the fiscal year.

NOTE: Data as of July.

SOURCES: CMS/CMM/CMSO/OCSQ/OIS

September 2001

**Medicare Inpatient Hospitals
Selected Years**

| | 1980 | 1985 | 1990 | 2000 | 2001 |
|---------------------------------------|-------|-------|-------|-------|-------|
| Total Hospitals | 6,777 | 6,707 | 6,520 | 5,985 | 6,031 |
| Beds in thousands | 1,150 | 1,144 | 1,105 | 991 | 983 |
| Beds per 1,000 Enrollees ¹ | 46.7 | 42.5 | 37.0 | 25.6 | 25.4 |
| Short-Stay | 6,104 | 6,034 | 5,549 | 4,900 | 4,704 |
| Beds in thousands | 991 | 1,027 | 970 | 873 | 863 |
| Beds per 1,000 Enrollees ¹ | 40.2 | 38.2 | 32.5 | 22.5 | 22.3 |
| Psychiatric | 408 | 474 | 674 | 562 | 519 |
| Beds in thousands | 131 | 95 | 99 | 72 | 69 |
| Beds per 1,000 Enrollees ¹ | 5.3 | 3.5 | 3.3 | 1.9 | 1.8 |
| Other Long-Stay | 265 | 199 | 297 | 532 | 808 |
| Beds in thousands | 28 | 22 | 35 | 46 | 51 |
| Beds per 1,000 Enrollees ¹ | 1.1 | 0.8 | 1.2 | 1.2 | 1.3 |

¹ Based on number of aged HI enrollees.

NOTES: Facility data for selected years 1980-1990 are as of July 1. Facility data for 2001 are as of December 2000. Facilities certified for Medicare are deemed to meet Medicaid standards.

SOURCES: CMS/OSP/OIS

**Other Medicare Providers and Suppliers
Selected Years**

| | 1980 | 1985 | 1990 | 2000 | 2001 |
|--|-------|-------|-------|---------|---------|
| Skilled Nursing Facilities | 5,052 | 6,451 | 8,937 | 14,913 | 14,841 |
| Beds in thousands | 436 | NA | 509 | 837 | 939 |
| Home Health Agencies | 2,924 | 5,679 | 5,730 | 7,857 | 7,099 |
| Clinical Lab Improvement Act Facilities | NA | NA | NA | 171,018 | 168,333 |
| End Stage Renal Disease Facilities | 999 | 1,393 | 1,937 | 3,787 | 3,991 |
| Outpatient Physical Therapy | 419 | 854 | 1,195 | 2,867 | 2,874 |
| Portable X-Ray | 216 | 308 | 443 | 666 | 675 |
| Rural Health Clinics | 391 | 428 | 551 | 3,453 | 3,334 |
| Comprehensive Outpatient Rehabilitation Facilities | NA | 72 | 186 | 522 | 518 |
| Ambulatory Surgical Centers | NA | 336 | 1,197 | 2,894 | 3,147 |
| Hospices | NA | 164 | 825 | 2,326 | 2,267 |

NOTES: Facility data for selected years 1980-1990 are as of July 1. Facility data for 2001 are as of December 2000. NA indicates data are not available.

SOURCES: CMS/OSP/OIS

September 2001

**Selected Medicare Facilities by Type of Control
2001**

| | Short Stay Hospitals | Skilled Nursing Facilities | Home Health Agencies |
|----------------------|----------------------------|----------------------------------|----------------------------|
| All Facilities | 4,704 | 14,841 | 7,099 |
| Percent Distribution | | | |
| Voluntary | 59.9 | 28.3 | 36.0 |
| Proprietary | 13.8 | 66.4 | 48.1 |
| Government | 26.3 | 5.3 | 15.9 |

NOTES: Data as of December 2000. Facilities certified for Medicare are deemed to meet Medicaid standards. Percent distribution may not add to 100 percent due to rounding.

SOURCES: CMS/OSP/OIS

**Medicare PIP Facilities
Selected Years**

| | 1975 | 1980 | 1985 | 1990 | 1998 | 1999 | 2000 |
|-----------------------------------|-------|-------|-------|-------|-------|-------|-------|
| Hospitals | | | | | | | |
| Number of PIP | 1,524 | 2,276 | 3,242 | 1,352 | 1,024 | 915 | 869 |
| Percent of Total Participating | 22.5 | 33.8 | 48.3 | 20.6 | 16.7 | 15.3 | 14.4 |
| Skilled Nursing Facilities | | | | | | | |
| Number of PIP | 161 | 203 | 224 | 774 | 1,396 | 1,387 | 1,236 |
| Percent of Total Participating | 4.1 | 3.9 | 3.4 | 7.3 | 9.3 | 9.3 | 8.3 |
| Home Health Agencies | | | | | | | |
| Number of PIP | 86 | 481 | 931 | 1,211 | 1,284 | 1,122 | 1,038 |
| Percent of Total Participating | 3.8 | 16.0 | 16.0 | 21.0 | 13.8 | 14.3 | 14.4 |

NOTES: Data from 1985 to date are as of September; prior years are as of December. These are facilities receiving periodic interim payments (PIP) under Medicare. Effective for claims received on or after July 1, 1987, the Omnibus Budget Reconciliation Act of 1986 (P.L. 99-509) eliminates PIP for many PPS hospitals when the servicing intermediary meets specified processing time standards.

SOURCE: CMS/OFM

September 2001

Medicare Participating Physician Program

| Participation Status | Number of Physicians ¹ | Participation Status | | | |
|----------------------|-----------------------------------|----------------------|--------------|--------------|--------------|
| | | January 2001 | January 2000 | January 1999 | January 1998 |
| Participating | 773,147 | 88.7% | 88.3% | 84.6% | 82.8% |
| Billing Medicare | 871,694 | | | | |

¹ Includes M.D.s, D.O.s, limited license practitioners, and non-physician practitioners.

NOTES: The participating physician program was originally enacted as a part of the 1984 Deficit Reduction Act (DEFRA). Congress provided additional incentives through the 1986 Omnibus Budget Reconciliation Act (OBRA). CMS wrote to physicians to explain the benefits of participation beginning January 1, 1989. Participation counts reflect physicians who are participating in at least one practice setting. For example, a physician who is participating in private practice but not in his group practice is counted as participating.

SOURCE: CMS/OFM

Medicare Assigned Claims Selected Fiscal Years

| Fiscal Year | Net Assignment Rate ¹ |
|-------------|----------------------------------|
| 1975 | 51.9 |
| 1980 | 51.4 |
| 1985 | 67.7 |
| 1990 | 80.9 |
| 1991 | 82.5 |
| 1992 | 85.4 |
| 1993 | 89.2 |
| 1994 | 92.1 |
| 1995 | 94.2 |
| 1996 | 95.6 |
| 1997 | 96.5 |
| 1998 | 97.2 |
| 1999 | 97.5 |
| 2000 | 97.8 |

¹ The net assignment rate is the percentage of assigned claims to total assigned/unassigned claims received. If a physician or supplier agrees to accept assignment, he or she agrees not to charge more than the Medicare approved fee for a particular service.

SOURCE: CMS/OFM

September 2001

Participation Rates as Percentage of Physicians, by Specialty Selected Periods

| | Apr. 1990 | Jan. 1995 | Jan. 1996 | Jan. 1997 | Jan. 1998 | Jan. 1999 | Jan. 2000 | Jan. 2001 |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | Dec. 1990 | Dec. 1995 | Dec. 1996 | Dec. 1997 | Dec. 1998 | Dec. 1999 | Dec. 2000 | Dec. 2001 |
| Percent of Physicians Participating | | | | | | | | |
| Physicians (M.D.s and D.O.s): | | | | | | | | |
| General practice | 39.7 | 59.9 | 66.3 | 69.2 | 71.1 | 73.7 | 80.2 | 79.0 |
| General surgery | 55.8 | 80.2 | 85.8 | 87.8 | 89.3 | 90.4 | 93.3 | 92.5 |
| Otology, laryngology, rhinology | 45.2 | 77.1 | 82.6 | 85.8 | 87.7 | 88.7 | 91.8 | 91.3 |
| Anesthesiology | 30.8 | 73.9 | 81.0 | 83.5 | 85.9 | 88.9 | 93.7 | 92.3 |
| Cardiovascular disease | 60.6 | 84.9 | 88.3 | 90.2 | 91.5 | 92.9 | 95.8 | 94.4 |
| Dermatology | 53.4 | 79.3 | 83.6 | 85.4 | 87.2 | 88.0 | 90.8 | 90.1 |
| Family practice | 47.2 | 74.5 | 81.4 | 84.0 | 85.9 | 86.9 | 90.8 | 90.3 |
| Internal medicine | 48.8 | 73.8 | 79.8 | 82.2 | 84.8 | 86.8 | 90.7 | 88.7 |
| Neurology | 53.1 | 78.9 | 84.1 | 85.8 | 87.1 | 88.4 | 92.1 | 89.9 |
| Obstetrics-gynecology | 48.8 | 72.5 | 77.3 | 79.5 | 81.3 | 82.9 | 86.8 | 86.3 |
| Ophthalmology | 55.6 | 81.2 | 86.2 | 87.9 | 89.8 | 90.9 | 93.3 | 92.8 |
| Orthopedic surgery | 53.7 | 82.6 | 86.8 | 88.7 | 90.4 | 90.6 | 93.8 | 93.1 |
| Pathology | 53.4 | 78.9 | 83.1 | 85.0 | 86.6 | 89.8 | 93.6 | 92.2 |
| Psychiatry | 41.6 | 58.7 | 64.6 | 67.6 | 70.4 | 73.9 | 79.1 | 79.6 |
| Radiology | 55.6 | 82.8 | 84.9 | 87.0 | 88.3 | 91.6 | 95.3 | 91.9 |
| Urology | 49.6 | 83.0 | 87.3 | 89.3 | 90.6 | 91.5 | 94.6 | 93.8 |
| Nephrology | 66.5 | 87.0 | 90.0 | 90.6 | 91.3 | 93.0 | 95.1 | 93.6 |
| Clinic or other group practice - not GPPP | 68.7 | 79.4 | 84.5 | 87.8 | 90.1 | 89.2 | 91.6 | 92.7 |
| Limited license practitioners (LLP): | | | | | | | | |
| Chiropractor | 26.2 | 42.6 | 47.3 | 51.0 | 54.3 | 56.3 | 59.4 | 63.0 |
| Podiatry-surgical chiropody | 54.0 | 79.2 | 83.3 | 86.0 | 87.9 | 88.4 | 90.7 | 91.6 |
| Optometrist | 54.0 | 66.9 | 70.3 | 72.2 | 74.7 | 76.0 | 78.4 | 80.0 |

NOTE: Effective with the October 1, 1985 election period, carriers were instructed to count individuals only once, even if practicing in multiple settings.

SOURCE: CMS/OFM

September 2001

**Medicare Benefit and Premium Summary
M+C Coordinated Care Plans**

| Percent of Plans Offering Specific Benefits | Year 2001 | Year 2001 |
|---|-------------------------|-------------------|
| | Additional or Mandatory | Optional Benefits |
| Vision-Exams | 90.3% | 0.0% |
| Hearing-Exam | 75.2 | 0.0 |
| Prescription Drugs | 70.4 | 1.3 |
| Eyewear | 68.6 | 0.4 |
| Hearing-aids | 42.4 | 0.4 |
| Chiropractic | 15.6 | 1.6 |
| Podiatry | 41.7 | 0.9 |
| Preventive Dental | 33.0 | 7.0 |
| Comprehensive Dental | 16.9 | 7.0 |
| POS | 5.7 | 0.9 |

Median PCP Copay = \$10.00 for 2001

Median Generic Drug Copays = \$8.00 in 2001

Median Brand Name Drug Copays = \$20.00 in 2001

Premium Distribution (Percent of Plans)

Year 2001

Range

| | |
|--------------------|-------|
| \$0.00 | 33.9% |
| \$0.01 - \$20.00 | 7.2 |
| \$20.01 - \$40.00 | 16.9 |
| \$40.01 - \$60.00 | 17.1 |
| \$60.01 - \$80.00 | 10.8 |
| \$80.01 - \$100.00 | 8.3 |
| More than \$100.00 | 5.9 |

Median Plan Premium 2001 = \$35.00

SOURCE: CMS/CBC

September 2001

Medicare Contracts with Prepaid Organizations

| Type of Contract | Number of Contracts | Number of Enrollees | Payment FY 2001 to date in Millions |
|---|---------------------|---------------------|-------------------------------------|
| Total Prepaid Organizations | 249 | 6,185,684 | \$25,806.7 |
| Medicare + Choice Programs | 178 | 5,628,639 | 24,455.4 |
| TEFRA Cost (Cost 1, Cost 2, Cost C) | 31 | 299,278 | 483.1 |
| Demonstrations | 25 | 148,373 | 761.1 |
| HCPPs Part B (Health Care Prepayment Plans) | 15 | 109,394 | 107.1 |

NOTES: The Balanced Budget Act of 1997 changed the requirements regarding effective dates of coverage. As a result, the numbers do not include beneficiaries who changed enrollment status in the latter part of each month. Therefore, the total number of enrollees is understated. This understatement will continue for all future months until the report modifications have been completed. As of May 1, 2001.

SOURCE: CMS/CBC

September 2001

Medicare Summary of Monthly Risk Contracts

| Date | Number of Contracts | Total Enrollees | Monthly Payment in millions |
|-----------|---------------------|-----------------|-----------------------------|
| 1998 | | | |
| January | 330 | 5,328,308 | \$2,622 |
| February | 336 | 5,406,671 | 2,625 |
| March | 334 | 5,482,371 | 2,715 |
| April | 336 | 5,572,473 | 2,729 |
| May | 345 | 5,643,621 | 2,761 |
| June | 346 | 5,710,550 | 2,809 |
| July | 345 | 5,800,472 | 2,897 |
| August | 347 | 5,865,980 | 2,888 |
| September | 347 | 5,921,166 | 2,944 |
| October | 347 | 5,976,756 | 2,965 |
| November | 347 | 6,017,360 | 2,998 |
| December | 346 | 6,055,546 | 3,003 |
| 1999 | | | |
| January | 383 | 6,553,306 | 2,956 |
| February | 386 | 6,671,340 | 3,106 |
| March | 401 | 6,726,091 | 3,107 |
| April | 398 | 6,764,232 | 3,123 |
| May | 400 | 6,819,700 | 3,147 |
| June | 402 | 6,863,049 | 3,167 |
| July | 395 | 6,913,826 | 3,148 |
| August | 400 | 6,960,699 | 3,246 |
| September | 400 | 6,987,204 | 3,235 |
| October | 400 | 7,012,118 | 3,287 |
| November | 399 | 7,029,203 | 3,290 |
| December | 398 | 7,020,196 | 3,262 |
| 2000 | | | |
| January | 348 | 6,831,637 | 3,307 |
| February | 346 | 6,848,119 | 3,292 |
| March | 346 | 6,853,392 | 3,276 |
| April | 345 | 6,865,504 | 3,328 |
| May | 343 | 6,856,197 | 3,307 |
| June | 343 | 6,866,435 | 3,292 |
| July | 345 | 6,872,270 | 3,395 |
| August | 343 | 6,873,845 | 3,339 |
| September | 344 | 6,868,985 | 3,365 |
| October | 343 | 6,860,037 | 3,327 |
| November | 343 | 6,847,912 | 3,351 |
| December | 343 | 6,826,877 | 3,334 |

SOURCE: CMS/CBC

September 2001

Medicare Summary of Risk and Cost Contracts by Category

| Type of Contract | Number of Contracts | Percent | Number of Enrollees | Percent |
|-----------------------------------|---------------------|---------|---------------------|---------|
| HCPP Contracts | | | | |
| Model | | | | |
| Group | 10 | 67 | 74,962 | 69 |
| Union | 2 | 13 | 20,660 | 19 |
| Employer Group | 1 | 7 | 4,129 | 4 |
| IPA | 1 | 7 | 1,764 | 2 |
| Other | 1 | 6 | 7,879 | 6 |
| Ownership | | | | |
| Profit | 1 | 7 | 1,764 | 2 |
| Nonprofit | 13 | 93 | 99,751 | 98 |
| Cost Contracts¹ | | | | |
| Model | | | | |
| IPA | 12 | 39 | 194,491 | 65 |
| Group | 16 | 52 | 99,313 | 33 |
| Staff | 3 | 9 | 5,474 | 2 |
| Ownership | | | | |
| Profit | 7 | 23 | 44,731 | 15 |
| Nonprofit | 24 | 77 | 254,547 | 85 |
| CCP Contracts¹ | | | | |
| Model | | | | |
| IPA | 102 | 59 | 3,567,344 | 64 |
| Group | 60 | 35 | 1,469,946 | 26 |
| Staff | 11 | 6 | 517,987 | 10 |
| Ownership | | | | |
| Profit | 110 | 63 | 3,432,118 | 61 |
| NonProfit | 66 | 37 | 2,166,149 | 39 |

¹ Does not include cost enrollees remaining in risk plans.

NOTES: Data as of May 2001. IPA is the Individual Practice Association.

SOURCE: CMS/CBC

September 2001

Active Physicians

| Year | Total | Type of Physician | | Active Physicians per 10,000 Population |
|------|---------|---------------------------|-----------------------------|--|
| | | Doctors of Medicine | Doctors of Osteopathy | |
| 1970 | 323,525 | 310,929 | 12,596 | 15.7 |
| 1971 | 334,978 | 322,228 | 12,750 | 16.1 |
| 1972 | 346,179 | 333,259 | 12,920 | 16.5 |
| 1973 | NA | NA | 13,191 | NA |
| 1974 | 364,232 | 350,609 | 13,623 | 17.0 |
| 1975 | 380,402 | 366,425 | 13,977 | 17.6 |
| 1976 | 393,151 | 378,572 | 14,579 | 18.0 |
| 1977 | 397,113 | 381,969 | 15,144 | 18.0 |
| 1978 | 417,314 | 401,364 | 15,590 | 18.7 |
| 1979 | 434,095 | 417,266 | 16,829 | 19.2 |
| 1980 | 435,165 | 435,545 | 17,620 | 19.8 |
| 1981 | 463,330 | 444,899 | 18,431 | 20.1 |
| 1982 | 482,195 | 462,947 | 19,248 | 20.7 |
| 1983 | 499,679 | 479,440 | 20,239 | 21.3 |
| 1984 | NA | NA | 21,295 | NA |
| 1985 | 533,573 | 511,090 | 22,483 | 22.3 |
| 1986 | 543,247 | 519,393 | 23,854 | 22.5 |
| 1987 | 559,777 | 534,692 | 25,085 | 23.0 |
| 1988 | 575,626 | 549,160 | 26,466 | 23.4 |
| 1989 | 587,751 | 559,988 | 27,763 | 23.7 |
| 1990 | 601,612 | 572,660 | 28,952 | 24.0 |
| 1991 | 624,797 | 594,697 | 30,100 | 24.6 |
| 1992 | 636,891 | 605,685 | 31,206 | 24.8 |
| 1993 | 652,240 | 619,751 | 32,489 | 24.9 |
| 1994 | 666,200 | 632,121 | 34,079 | 25.2 |
| 1995 | 681,742 | 646,022 | 35,720 | 25.5 |
| 1996 | 701,249 | 663,943 | 37,306 | 26.0 |
| 1997 | 723,537 | 684,605 | 38,932 | 27.0 |
| 1998 | 747,784 | 707,032 | 40,752 | 27.5 |
| 1999 | 763,519 | 720,855 | 42,664 | 27.9 |

NOTES: The AMA changed the methodology for calculating active MDs. Active MDs now include All Not Classified MDs, and excludes physicians whose addresses are unknown.

SOURCES: Compiled by HRSA, Bureau of Health Professions, based on data from the American Medical Association, American Association of Colleges of Osteopathic Medicine and the Bureau of the Census

September 2001

**Active Federal and Non-Federal
Physicians
By CMS Region
2000**

| CMS Region | Total | Type of Physician | | Active Physicians per 100,000 Population ¹ |
|----------------------------------|---------|---------------------------|-----------------------------|--|
| | | Doctors of Medicine | Doctors of Osteopathy | |
| Total | 763,520 | 720,856 | 42,664 | 268 |
| Boston | 51,403 | 49,616 | 1,427 | 367 |
| New York | 102,641 | 97,526 | 5,115 | 375 |
| Philadelphia | 90,159 | 83,717 | 6,442 | 324 |
| Atlanta | 123,280 | 118,335 | 4,945 | 232 |
| Chicago | 129,836 | 118,675 | 11,161 | 259 |
| Dallas | 72,806 | 68,426 | 4,380 | 219 |
| Kansas City | 30,629 | 27,392 | 3,237 | 237 |
| Denver | 21,179 | 20,133 | 1,046 | 227 |
| San Francisco | 104,382 | 100,728 | 3,654 | 247 |
| Seattle | 26,193 | 25,062 | 1,131 | 233 |
| U.S. Possessions ² | 10,294 | 10,286 | 8 | NA |
| Foreign and Unknown ³ | 163 | -- | 163 | NA |

¹ Rate for Total (All Areas) based on U.S. Resident population as of July 1, 2000.

² Possessions include Puerto Rico, Virgin Islands, and Pacific Islands.

³ Includes osteopathic physicians in military service, U.S. Public Health Service and foreign countries.

SOURCES: HRSA, Bureau of Health Professions, based on data from the American Medical Association, American Association of Colleges of Osteopathy, and the Bureau of the Census

September 2001

Medicare Provider Specialty Summary Selected Years

| | April 2000 | | January 2001 | |
|-----------------------------|------------|---------|--------------|---------|
| | Number | Percent | Number | Percent |
| Active in Patient Care | 854,224 | 100.0 | 865,479 | 100.0 |
| Medical Specialties | 167,652 | 19.4 | 171,894 | 19.9 |
| Surgical Specialties | 158,544 | 18.3 | 153,036 | 17.7 |
| Other Specialties | 86,417 | 10.0 | 88,613 | 10.2 |
| Family and General Practice | 100,928 | 11.7 | 101,449 | 11.7 |
| Emergency Medicine | 24,960 | 2.9 | 26,341 | 3.0 |
| Pediatrics | 28,104 | 3.2 | 26,079 | 3.0 |
| Non-physician specialties | 287,619 | 33.2 | 297,967 | 34.4 |

NOTES: Includes physicians, doctors of osteopathy, and limited licensed practitioners. Totals do not necessarily equal the sum of rounded components.

SOURCES: CMS/OIS/OSP

Physician Income and Expenses by Specialty 1998

| | Mean Net Income ¹ | Mean Total Expenses | Non- Physician Payroll | | | | Professional Medical Supplies Office | | | | Expenses | | | |
|-------------------------|------------------------------------|---------------------------|------------------------------|------|------|------|---|-----|------|--|----------|--|--|--|
| | | | | | | | | | | | | | | |
| | | | in thousands | | | | | | | | | | | |
| All Physicians | \$194.4 | \$261.9 | 100.0 | 35.9 | 24.0 | 9.4 | 6.4 | 4.3 | 20.0 | | | | | |
| Specialty | 142.5 | 263.0 | 100.0 | 41.7 | 22.9 | 11.0 | 4.1 | 3.9 | 16.4 | | | | | |
| General/Family Practice | 182.1 | 259.7 | 100.0 | 38.1 | 22.9 | 12.2 | 6.4 | 4.0 | 16.5 | | | | | |
| Internal Medicine | 268.2 | 325.8 | 100.0 | 37.4 | 35.3 | 11.0 | 7.0 | 4.3 | 16.4 | | | | | |
| Surgery | 139.6 | 187.3 | 100.0 | 32.3 | 28.8 | 13.9 | 5.5 | 2.3 | 17.2 | | | | | |
| Pediatrics | 214.4 | 375.9 | 100.0 | 35.6 | 32.9 | 6.5 | 9.5 | 4.3 | 15.5 | | | | | |
| Obstetrics/Gynecology | | | | | | | | | | | | | | |

¹ After expenses, before taxes.

NOTES: The data for categories "Mean Net Income" and "Mean Total Expenses" are in thousands. Totals do not necessarily equal the sum of rounded components.

SOURCE: American Medical Association, Socioeconomic Characteristics of Medical Practice, 2000.

September 2001

Physician Income and Expenses 1986 - 1998

| Year | Mean Net Income ¹ | Mean Total Expenses | Non- Physician Payroll | | | Percent Distribution | | | Professional Liability Expenses | Medical Equipment | Other |
|--------------|------------------------------------|---------------------------|------------------------------|--------|---------------------|----------------------|------|------|---------------------------------------|----------------------|-------|
| | | | Total | Office | Medical Supplier | 10.8 | 5.9 | 15.3 | | | |
| in thousands | | | | | | | | | | | |
| 1986 | \$119.5 | \$118.4 | 100.0 | 32.8 | 24.1 | 11.1 | 10.8 | 5.9 | 5.9 | 5.9 | 15.3 |
| 1987 | 132.3 | 123.7 | 100.0 | 34.4 | 24.3 | 10.9 | 12.1 | 5.3 | 5.3 | 5.3 | 13.1 |
| 1988 | 144.7 | 140.8 | 100.0 | 34.4 | 24.1 | 10.3 | 11.3 | 4.9 | 4.9 | 4.9 | 15.0 |
| 1989 | 155.8 | 148.4 | 100.0 | 35.5 | 22.4 | 11.5 | 10.4 | 5.1 | 5.1 | 5.1 | 15.0 |
| 1990 | 164.3 | 150.0 | 100.0 | 36.3 | 22.5 | 11.0 | 9.7 | 5.1 | 5.1 | 5.1 | 15.5 |
| 1991 | 170.6 | 168.4 | 100.0 | 36.4 | 23.3 | 10.9 | 8.8 | 5.3 | 5.3 | 5.3 | 15.3 |
| 1992 | 177.4 | 179.0 | 100.0 | 36.9 | 23.7 | 9.0 | 7.5 | 4.1 | 4.1 | 4.1 | 18.7 |
| 1993 | 189.3 | 182.2 | 100.0 | 38.3 | 23.5 | 9.1 | 7.9 | 4.8 | 4.8 | 4.8 | 16.3 |
| 1994 | 182.4 | 183.1 | 100.0 | 38.9 | 26.0 | 10.5 | 8.2 | 4.6 | 4.6 | 4.6 | 11.7 |
| 1995 | 195.5 | 201.6 | 100.0 | 36.0 | 28.3 | 10.1 | 7.4 | 5.1 | 5.1 | 5.1 | 13.0 |
| 1996 | 199.0 | 217.6 | 100.0 | 34.8 | 23.8 | 9.3 | 6.5 | 3.9 | 3.9 | 3.9 | 21.8 |
| 1997 | 199.6 | 228.6 | 100.0 | 36.8 | 25.9 | 9.5 | 6.2 | 3.3 | 3.3 | 3.3 | 18.3 |
| 1998 | 194.4 | 261.9 | 100.0 | 35.9 | 24.0 | 9.4 | 6.4 | 4.3 | 4.3 | 4.3 | 20.0 |

¹ After expenses, before taxes.

NOTES: The data for categories "Mean Net Income" and "Mean Total Expenses" are in thousands. Totals do not necessarily equal the sum of rounded components.

SOURCE: American Medical Association, Socioeconomic Characteristics of Medical Practice, 2000.

September 2001

Medicare Physician Registry by Specialty

| Specialty ¹ | April 1991 | | January 2000 | | January 2001 | |
|----------------------------------|------------|---------|--------------|---------|--------------|---------|
| | Number | Percent | Number | Percent | Number | Percent |
| General Practice | 53,658 | 9.2 | 30,590 | 3.5 | 29,118 | 3.4 |
| General Surgery | 28,524 | 4.9 | 26,945 | 3.1 | 27,062 | 3.1 |
| Allergy/Immunology | 2,461 | 0.4 | 3,119 | 0.4 | 3,160 | 0.4 |
| Otolaryngology (ENT) | 7,419 | 1.3 | 9,038 | 1.0 | 9,193 | 1.1 |
| Anesthesiology | 23,783 | 4.1 | 33,602 | 3.9 | 33,982 | 3.9 |
| Cardiology | 13,497 | 2.3 | 18,548 | 2.1 | 19,076 | 2.2 |
| Dermatology | 6,727 | 1.2 | 8,833 | 1.0 | 9,072 | 1.0 |
| Family Practice | 47,140 | 8.1 | 70,338 | 8.1 | 72,331 | 8.4 |
| Gastroenterology | 4,886 | 0.8 | 8,290 | 1.0 | 8,538 | 1.0 |
| Internal Medicine | 78,711 | 13.5 | 93,774 | 10.8 | 95,791 | 11.1 |
| Osteopathic Manipulative Therapy | 1,082 | 0.2 | 833 | 0.1 | 848 | 0.1 |
| Neurology | 7,542 | 1.3 | 10,745 | 1.2 | 10,960 | 1.3 |
| Neurosurgery | 3,500 | 0.6 | 4,320 | 0.5 | 4,413 | 0.5 |
| Obstetrics-Gynecology | 29,230 | 5.0 | 34,980 | 4.0 | 35,231 | 4.1 |
| Ophthalmology | 15,219 | 2.6 | 18,013 | 2.1 | 18,285 | 2.1 |
| Oral Surgery/Dentists only | 34,237 | 5.9 | 19,553 | 2.3 | 13,319 | 1.5 |
| Orthopedic Surgery | 16,852 | 2.9 | 21,397 | 2.5 | 21,758 | 2.5 |
| Pathology | 10,072 | 1.7 | 13,062 | 1.5 | 13,190 | 1.5 |
| Plastic/reconstructive Surgery | 3,960 | 0.7 | 5,175 | 0.6 | 5,211 | 0.6 |
| Physical Med and Rehab | 3,278 | 0.6 | 5,731 | 0.7 | 5,918 | 0.7 |
| Psychiatry | 30,505 | 5.2 | 35,841 | 4.1 | 35,433 | 4.1 |
| Colorectal Surgery (proctology) | 625 | 0.1 | 727 | 0.1 | 736 | 0.1 |
| Pulmonary Disease | 3,956 | 0.7 | 6,141 | 0.7 | 6,353 | 0.7 |
| Radiology | 23,269 | 4.0 | 28,045 | 3.2 | 28,749 | 3.3 |
| Thoracic Surgery | 3,876 | 0.7 | 3,024 | 0.3 | 3,006 | 0.3 |
| Urology | 8,491 | 1.5 | 9,600 | 1.1 | 9,748 | 1.1 |
| Chiropractor | 39,992 | 6.9 | 51,417 | 5.9 | 51,021 | 5.9 |
| Nuclear Medicine | 463 | 0.1 | 803 | 0.1 | 814 | 0.1 |
| Pediatrics | 21,965 | 3.8 | 28,104 | 3.2 | 26,079 | 3.0 |
| Geriatrics | 205 | 0.0 | 802 | 0.1 | 823 | 0.1 |
| Nephrology | 2,345 | 0.4 | 4,116 | 0.5 | 4,316 | 0.5 |
| Hand Surgery | 212 | 0.0 | 468 | 0.1 | 492 | 0.1 |
| Optometry | 22,829 | 3.9 | 29,534 | 3.4 | 29,462 | 3.4 |
| Certified Nurse Midwife | -- | -- | 2,150 | 0.2 | 2,212 | 0.3 |
| CRNA, Anesthesia Assistant | -- | -- | 22,805 | 2.6 | 23,760 | 2.7 |
| Infectious Disease | 353 | 0.1 | 2,561 | 0.3 | 2,639 | 0.3 |
| Endocrinology ² | -- | -- | 2,408 | 0.3 | 2,510 | 0.3 |
| Podiatry | 14,367 | 2.5 | 15,063 | 1.7 | 15,254 | 1.8 |

Medicare Physician Registry by Specialty
continued

| Specialty ¹ | April 1991 | | January 2000 | | January 2001 | |
|---|----------------|--------------|----------------|--------------|----------------|--------------|
| | Number | Percent | Number | Percent | Number | Percent |
| Ambulatory Surgical Center | | | | | | |
| (formerly Misc) | 897 | 0.2 | 91 | 0.0 | 82 | 0.0 |
| Nurse Practitioner | -- | -- | 19,763 | 2.3 | 26,086 | 3.0 |
| Psychologist/billing independently | -- | -- | 2,708 | 0.3 | 2,231 | 0.3 |
| Audiologist/billing independently | -- | -- | 3,231 | 0.4 | 3,160 | 0.4 |
| Physical Therapist | -- | -- | 10,925 | 1.3 | 14,204 | 1.6 |
| Rheumatology ² | -- | -- | 2,337 | 0.3 | 2,386 | 0.3 |
| Occupational Therapist | -- | -- | 1,244 | 0.1 | 1,766 | 0.2 |
| Clinic multispec W/O GPP | 16,050 | 2.8 | 255 | 0.0 | 233 | 0.0 |
| Periph. Vascular Disease ² | 220 | 0.0 | 202 | 0.0 | 204 | 0.0 |
| Vascular Surgery ² | -- | -- | 1,267 | 0.1 | 1,353 | 0.2 |
| Cardiac Surgery ² | -- | -- | 1,187 | 0.1 | 1,266 | 0.1 |
| Addiction Medicine ² | -- | -- | 128 | 0.0 | 123 | 0.0 |
| Clinical Social Worker | -- | -- | 40,722 | 4.7 | 39,927 | 4.6 |
| Critical Care Intensivists ² | -- | -- | 673 | 0.1 | 706 | 0.1 |
| Hematology ² | -- | -- | 432 | 0.0 | 457 | 0.1 |
| Hematology/Oncology ² | -- | -- | 4,000 | 0.5 | 4,138 | 0.5 |
| Preventive Medicine ² | -- | -- | 319 | 0.0 | 320 | 0.0 |
| Maxillofacial Surgery ² | -- | -- | 1,335 | 0.2 | 1,298 | 0.1 |
| Neuropsychiatry ² | 249 | 0.0 | 167 | 0.0 | 145 | 0.0 |
| Certified Clinical Nurse | -- | -- | 1,961 | 0.2 | 2,305 | 0.3 |
| Medical Oncology ² | -- | -- | 1,547 | 0.2 | 1,675 | 0.2 |
| Surgical Oncology ² | -- | -- | 286 | 0.0 | 292 | 0.0 |
| Radiation Oncology ² | 38 | 0.0 | 2,625 | 0.3 | 2,771 | 0.3 |
| Emergency Medicine ² | -- | -- | 24,960 | 2.9 | 26,341 | 3.0 |
| Interventional Radiology ² | -- | -- | 657 | 0.1 | 639 | 0.1 |
| Physician Assistant | -- | -- | 15,451 | 1.8 | 18,296 | 2.1 |
| Gynecology Oncology ³ | -- | -- | 273 | 0.0 | 291 | 0.0 |
| Clinical Psychology | -- | -- | 34,495 | 4.0 | 32,582 | 3.8 |
| Unknown Physician Specialty | 535 | 0.1 | 384 | 0.0 | 239 | 0.0 |
| Miscellaneous Specialties | -- | -- | 109 | 0.0 | 103 | 0.0 |
| Totals | 583,229 | 100.0 | 854,224 | 100.0 | 865,479 | 100.0 |

¹ Most osteopath specialties have been combined with their appropriate specialty.

² Effective 4/92 except Hematology effective 6/92.

³ Effective 10/94.

NOTES: Totals do not necessarily equal the sum of rounded components. "--" equals not applicable.

SOURCES: CMS/OSP/OFM

September 2001

VII. STATE DATA

State distributions are included for Medicare and Medicaid expenditures, populations, utilization and providers. In addition, State distributions are included for national experience on utilization and providers of services. New in this section are several tables showing number of patients and reimbursement for hospice, home health and skilled nursing facility services.

HIGHLIGHTS

- o *Medicare enrollees comprise 13.8 percent of the United States' resident population. State enrollees range from a low of 6.7 percent of Alaska's resident population to a high of 18.7 percent of West Virginia's resident population.*
- o *Medicaid enrollees (as measured by person years) comprise 14.5 percent of the United States' resident population. State enrollees range from a low of 7.9 percent of Nevada's resident population to a high of 27.9 percent of both the District of Columbia's and Tennessee's resident populations.*
- o *Long-stay hospital beds per 1,000 resident population range from a low of 1.4 in Oregon to a high of 20.9 in Nebraska. This contrasts with the national average of 3.4.*
- o *The percentage of Medicare Part B participating physicians and other practitioners range from a high of 96.6 percent in Michigan to a low of 74.1 percent in Rhode Island.*
- o *Under fee-for-service, aged persons served per 1,000 enrollees (U.S.) range from a low of 797 in the District of Columbia to essentially all aged enrollees in Oregon and West Virginia. This contrasts with the national average of 921 persons served per 1,000 enrollees.*
- o *The average reimbursement per patient for Medicare home health agency services (U.S.) range from a high of \$5,598 in Louisiana to a low of \$1,477 in Iowa. This contrasts with the national average reimbursement per patient of \$2,914.*
- o *The average reimbursement per discharge for Medicare skilled nursing facility non-swing bed services (U.S.) range from a high of \$12,418 in New York to a low of \$3,898 in Montana. This contrasts with the national average of \$6,534 per discharge.*

Medicare Estimated Benefit Payments by State Fiscal Year 2000

| | Benefit Payments | Benefit Payments |
|----------------------|-------------------|------------------|
| All Areas | \$214,867,632,778 | \$4,273,990,871 |
| United States | 213,555,126,520 | 574,604,919 |
| Alabama | 3,884,939,060 | 1,224,833,404 |
| Alaska | 188,624,044 | 1,069,328,044 |
| Arizona | 2,937,976,231 | 628,752,777 |
| Arkansas | 2,082,749,809 | |
| California | 23,620,610,542 | |
| Colorado | 2,337,864,957 | |
| Connecticut | 3,291,179,250 | |
| Delaware | 429,519,966 | |
| District of Columbia | 784,390,711 | |
| Florida | 19,220,607,977 | |
| Georgia | 4,110,655,928 | |
| Hawaii | 621,680,722 | |
| Idaho | 638,754,898 | |
| Illinois | 7,308,734,402 | |
| Indiana | 4,720,330,295 | |
| Iowa | 1,452,928,371 | |
| Kansas | 1,914,899,957 | |
| Kentucky | 3,153,190,792 | |
| Louisiana | 4,383,213,203 | |
| Maine | 793,162,952 | |
| Maryland | 3,998,320,142 | |
| Massachusetts | 5,465,762,999 | |
| Michigan | 6,269,417,011 | |
| Minnesota | 3,108,986,231 | |
| Mississippi | 2,247,917,430 | |
| All Other Areas | | 64,323,091 |

NOTES: Benefit payments for all areas represent actual Department of Treasury (DOT) disbursements. Distribution of benefit payments by State is based on a methodology which considered actual payments to health maintenance organizations and estimated payments for other providers of Medicare services. Estimated payments were determined by applying the relative weight of each State's share of total fee-for-service provider payments for fiscal year 2000 to the DOT disbursements net of Managed Care payments.

SOURCES: CMS/OFM/OIS

September 2001

Medicaid Medical Assistance Payments Fiscal Year 2000

| | Total Payments Computable For Federal Funding | Net Expenditures Reported Federal Share ¹ | Amount in thousands | Total Payments Computable For Federal Funding | Net Expenditures Reported Federal Share ¹ |
|----------------------|---|--|---------------------|---|--|
| TOTAL | \$196,617,386 | \$111,791,192 | | | |
| Alabama | 2,704,806 | 1,884,058 | Missouri | 3,994,735 | 2,426,113 |
| Alaska | 503,994 | 339,126 | Montana | 450,228 | 335,359 |
| American Samoa | 10,960 | 5,651 | Nebraska | 1,055,079 | 644,512 |
| Arizona | 2,225,045 | 1,535,495 | Nevada | 598,189 | 301,471 |
| Arkansas | 1,581,362 | 1,156,199 | New Hampshire | 792,027 | 396,591 |
| California | 21,164,278 | 11,011,916 | New Jersey | 6,109,609 | 3,064,310 |
| Colorado | 1,944,315 | 973,585 | New Mexico | 1,226,572 | 910,223 |
| Connecticut | 3,151,669 | 1,577,866 | New York | 30,191,583 | 15,127,776 |
| Delaware | 523,748 | 262,892 | North Carolina | 5,464,863 | 3,421,052 |
| District of Columbia | 834,958 | 591,285 | North Dakota | 428,777 | 304,318 |
| Florida | 7,564,164 | 4,286,107 | N. Mariana Islands | 11,215 | 5,959 |
| Georgia | 4,321,247 | 2,592,500 | Ohio | 7,554,151 | 4,444,845 |
| Guam | 13,274 | 6,994 | Oklahoma | 1,676,208 | 1,205,654 |
| Hawaii | 642,350 | 327,856 | Oregon | 2,110,836 | 1,275,184 |
| Idaho | 585,831 | 412,532 | Pennsylvania | 10,387,923 | 5,593,071 |
| Illinois | 7,524,230 | 3,778,063 | Puerto Rico | 398,981 | 212,838 |
| Indiana | 3,534,321 | 2,192,288 | Rhode Island | 1,166,831 | 629,504 |
| Iowa | 1,651,264 | 1,044,138 | South Carolina | 2,720,980 | 1,913,722 |
| Kansas | 1,410,785 | 847,748 | South Dakota | 399,231 | 283,949 |
| Kentucky | 3,094,832 | 2,190,728 | Tennessee | 4,993,965 | 3,161,527 |
| Louisiana | 3,473,131 | 2,446,335 | Texas | 10,650,570 | 6,556,379 |
| Maine | 1,194,667 | 793,168 | Utah | 810,161 | 580,488 |
| Maryland | 3,170,221 | 1,610,382 | Vermont | 516,875 | 322,462 |
| Massachusetts | 6,396,706 | 3,213,264 | Virginia | 2,728,849 | 1,416,141 |
| Michigan | 6,774,253 | 3,741,355 | Virgin Islands | 10,658 | 5,517 |
| Minnesota | 3,322,283 | 1,717,383 | Washington | 3,962,522 | 2,062,745 |
| Mississippi | 1,993,936 | 1,533,969 | West Virginia | 1,379,499 | 1,031,890 |
| | | | Wisconsin | 3,294,788 | 1,943,270 |
| | | | Wyoming | 218,851 | 141,439 |

¹ Excludes CMS adjustments.

NOTES: Source Form HCFA-64 -- Line 11, Net Expenditures Reported. Administration not included. Includes Medicaid SCHIP expansions.
FY 2000 data is preliminary as of 03/2001.

SOURCE: CMS/CMSO

September 2001

Mean Medicaid Outlays per Recipient by State and Risk Class
Fiscal Year 1998

| | Age 65 and over | Blind and Disabled | | Age 65 and over | Blind and Disabled |
|----------------------|--------------------|-----------------------|----------------|--------------------|-----------------------|
| United States | \$3,459 | \$5,820 | | | |
| Alabama | 1,858 | 2,327 | Missouri | \$5,235 | \$8,674 |
| Alaska | 4,007 | 9,862 | Montana | 2,796 | 5,029 |
| Arizona | 5,228 | 6,650 | Nebraska | 2,918 | 6,514 |
| Arkansas | 2,703 | 4,158 | Nevada | 2,202 | 5,668 |
| California | 2,518 | 5,011 | New Hampshire | 7,838 | 18,132 |
| Colorado | 3,547 | 7,856 | New Jersey | 4,893 | 7,614 |
| Connecticut | 7,010 | 12,990 | New Mexico | 1,737 | 5,668 |
| Delaware | 4,472 | 11,051 | New York | 9,117 | 11,902 |
| District of Columbia | 3,419 | 8,754 | North Carolina | 3,585 | 6,367 |
| Florida | 2,743 | 4,926 | North Dakota | 3,130 | 8,616 |
| Georgia | 1,732 | 3,713 | Ohio | 3,485 | 7,033 |
| Hawaii | 1,269 | 3,919 | Oklahoma | — | — |
| Idaho | 3,834 | 7,599 | Oregon | 2,071 | 2,089 |
| Illinois | 3,716 | 6,489 | Pennsylvania | 2,731 | 5,029 |
| Indiana | 3,239 | 6,783 | Rhode Island | 4,853 | 11,709 |
| Iowa | 2,869 | 5,651 | South Carolina | 2,669 | 4,835 |
| Kansas | 4,229 | 7,139 | South Dakota | 1,710 | 6,406 |
| Kentucky | 2,605 | 4,354 | Tennessee | 781 | 2,228 |
| Louisiana | 2,526 | 3,382 | Texas | 2,805 | 4,160 |
| Maine | 3,900 | 7,921 | Utah | 2,269 | 4,879 |
| Maryland | 3,883 | 8,538 | Vermont | 3,331 | 8,128 |
| Massachusetts | 2,563 | 7,711 | Virginia | 2,911 | 4,406 |
| Michigan | 2,125 | 6,302 | Washington | 2,184 | 3,781 |
| Minnesota | 5,888 | 12,348 | West Virginia | 3,265 | 4,926 |
| Mississippi | 1,548 | 2,876 | Wisconsin | 2,917 | 4,979 |
| | | | Wyoming | 1,662 | 3,944 |

NOTE: These data exclude institutionalized persons.

SOURCE: CMS/CMSO

September 2001

Medicare Enrollment by State 2000

| | Enrollees | Enrollees |
|----------------------------|------------|--------------------|
| All Areas ¹ | 39,632,060 | 858,880 136,920 |
| United States ² | 38,782,220 | 254,120 246,280 |
| Alabama | 685,960 | 168,600 |
| Alaska | 41,960 | |
| Arizona | 675,520 | |
| Arkansas | 433,640 | |
| California | 3,922,000 | |
| Colorado | 470,340 | |
| Connecticut | 517,520 | |
| Delaware | 114,900 | |
| District of Columbia | 75,400 | |
| Florida | 2,827,120 | |
| Georgia | 928,040 | |
| Hawaii | 167,680 | |
| Idaho | 166,760 | |
| Illinois | 1,626,340 | |
| Indiana | 847,600 | |
| Iowa | 475,180 | |
| Kansas | 386,300 | |
| Kentucky | 618,360 | |
| Louisiana | 599,740 | |
| Maine | 216,300 | |
| Maryland | 645,820 | |
| Massachusetts | 961,100 | |
| Michigan | 1,402,040 | |
| Minnesota | 655,220 | |
| Mississippi | 418,840 | |
| Puerto Rico | | 534,280 315,560 |
| Outlying Areas/Foreign | | |

¹ Includes enrollees with unknown State of residence and Foreign residence.

² Includes enrollees with unknown State of residence.

NOTE: Data based on Denominator Tables as of July.

SOURCE: CMS/OSPP

Medicare Enrollment as a Percent of Resident Population by State 2000

| | Resident Population in thousands | Medicare Enrollees in thousands | Enrollees as Percent of Population | Resident Population in thousands | Medicare Enrollees in thousands | Enrollees as Percent of Population |
|----------------------|----------------------------------|---------------------------------|------------------------------------|----------------------------------|---------------------------------|------------------------------------|
| All Areas | NA | 39,632 ¹ | NA | Missouri | 5,595 | 859 |
| United States | 281,422 | 38,782 ² | 13.8 | Montana | 902 | 137 |
| Alabama | 4,447 | 686 | 15.4 | Nebraska | 1,711 | 254 |
| Alaska | 627 | 42 | 6.7 | Nevada | 1,998 | 246 |
| Arizona | 5,131 | 676 | 13.2 | New Hampshire | 1,236 | 169 |
| Arkansas | 2,673 | 434 | 16.2 | New Jersey | 8,414 | 1,212 |
| California | 33,872 | 3,922 | 11.6 | New Mexico | 1,819 | 234 |
| Colorado | 4,301 | 470 | 10.9 | New York | 18,976 | 2,695 |
| Connecticut | 3,406 | 518 | 15.2 | North Carolina | 8,049 | 1,131 |
| Delaware | 784 | 115 | 14.7 | North Dakota | 642 | 102 |
| District of Columbia | 572 | 75 | 13.1 | Ohio | 11,353 | 1,706 |
| Florida | 15,982 | 2,827 | 17.7 | Oklahoma | 3,451 | 507 |
| Georgia | 8,186 | 928 | 11.3 | Oregon | 3,421 | 496 |
| Hawaii | 1,212 | 168 | 13.9 | Pennsylvania | 12,281 | 2,091 |
| Idaho | 1,294 | 167 | 12.9 | Rhode Island | 1,048 | 170 |
| Illinois | 12,419 | 1,626 | 13.1 | South Carolina | 4,012 | 570 |
| Indiana | 6,080 | 848 | 13.9 | South Dakota | 755 | 118 |
| Iowa | 2,926 | 475 | 16.2 | Tennessee | 5,689 | 830 |
| Kansas | 2,688 | 386 | 14.4 | Texas | 20,852 | 2,268 |
| Kentucky | 4,042 | 618 | 15.3 | Utah | 2,233 | 209 |
| Louisiana | 4,469 | 600 | 13.4 | Vermont | 609 | 89 |
| Maine | 1,275 | 216 | 16.9 | Virginia | 7,079 | 896 |
| Maryland | 5,296 | 646 | 12.2 | Washington | 5,894 | 736 |
| Massachusetts | 6,349 | 961 | 15.1 | West Virginia | 1,808 | 338 |
| Michigan | 9,938 | 1,402 | 14.1 | Wisconsin | 5,364 | 776 |
| Minnesota | 4,919 | 655 | 13.3 | Wyoming | 494 | 66 |
| Mississippi | 2,845 | 419 | 14.7 | Puerto Rico | NA | 534 |
| | | | | Outlying Areas/Foreign | NA | NA |
| | | | | | 316 | NA |

¹ Denominator Tables. Includes the United States, its Territories and Possessions, and residents of foreign countries.
² Includes enrollees with unknown State of residence.

NOTES: Resident population is a provisional estimate. The 2000 resident population data for Outlying Areas, Puerto Rico, and the Virgin Islands are not available. Medicare Denominator enrollment data as of July 1.

SOURCES: CMS/OSP and Bureau of the Census

**Medicare and Prepaid Enrollment Distribution by State
2001**

| | Medicare Enrollees in thousands | M + C | TEFRA Cost | HCPP | Other Demos | Total Prepaid Enrollees | Prepaid as a Percent of Medicare |
|-------------------|---------------------------------------|-----------|---------------|---------|----------------|-------------------------------|--|
| Total | 39,632 | 5,628,639 | 299,278 | 109,394 | 148,373 | 6,185,684 | 16 |
| Alabama | 686 | 52,755 | 0 | 0 | 0 | 52,755 | 8 |
| Alaska | 42 | 0 | 0 | 0 | 0 | 0 | 0 |
| Arizona | 676 | 239,780 | 0 | 0 | 452 | 240,232 | 36 |
| Arkansas | 434 | 17,347 | 0 | 0 | 0 | 17,347 | 4 |
| California | 3,922 | 1,470,501 | 31,323 | 855 | 50,744 | 1,553,423 | 40 |
| Colorado | 470 | 126,286 | 18,607 | 0 | 6,494 | 151,387 | 32 |
| Connecticut | 518 | 74,205 | 0 | 0 | 0 | 74,205 | 14 |
| Delaware | 115 | 928 | 0 | 0 | 0 | 928 | 1 |
| Dist. of Columbia | 75 | 0 | 0 | 0 | 1,141 | 1,141 | 2 |
| Florida | 2,827 | 675,067 | 4,667 | 1,764 | 2,265 | 683,763 | 24 |
| Georgia | 928 | 38,349 | 0 | 0 | 2,230 | 40,579 | 4 |
| Hawaii | 168 | 21,756 | 34,921 | 0 | 0 | 56,677 | 34 |
| Idaho | 167 | 5,330 | 7,775 | 0 | 0 | 13,105 | 8 |
| Illinois | 1,626 | 130,675 | 13,166 | 11,752 | 0 | 155,593 | 10 |
| Indiana | 848 | 3,723 | 16,417 | 0 | 0 | 20,140 | 2 |
| Iowa | 475 | 0 | 7,068 | 0 | 0 | 7,068 | 1 |
| Kansas | 386 | 5,205 | 0 | 0 | 0 | 5,205 | 1 |
| Kentucky | 618 | 14,550 | 0 | 0 | 0 | 14,550 | 2 |
| Louisiana | 600 | 72,513 | 0 | 0 | 0 | 72,513 | 12 |
| Maine | 216 | 0 | 0 | 0 | 0 | 0 | 0 |
| Maryland | 646 | 25,475 | 5,625 | 0 | 2,333 | 33,433 | 5 |
| Massachusetts | 961 | 220,407 | 0 | 0 | 3,964 | 224,371 | 23 |
| Michigan | 1,402 | 79,656 | 0 | 0 | 0 | 79,656 | 6 |
| Minnesota | 655 | 41,513 | 37,971 | 0 | 3,915 | 83,399 | 13 |
| Mississippi | 419 | 869 | 0 | 0 | 3,684 | 4,553 | 1 |
| Missouri | 859 | 159,194 | 0 | 1,867 | 0 | 161,061 | 19 |
| Montana | 137 | 0 | 0 | 0 | 0 | 0 | 0 |
| Nebraska | 254 | 10,089 | 0 | 0 | 0 | 10,089 | 4 |
| Nevada | 246 | 44,710 | 0 | 0 | 37,345 | 82,055 | 33 |
| New Hampshire | 169 | 1,025 | 0 | 0 | 0 | 1,025 | 1 |

**Medicare and Prepaid Enrollment Distribution by State
2001
continued**

| | Medicare Enrollees in thousands ¹ | M + C | Cost | HCPP | Other Demos | Total Prepaid Enrollees | Prepaid as a Percent of Medicare |
|--|--|---------|--------|--------|-------------|-------------------------|----------------------------------|
| New Jersey | 1,212 | 150,329 | 0 | 0 | 0 | 150,329 | 12 |
| New Mexico | 234 | 30,599 | 0 | 0 | 0 | 30,599 | 13 |
| New York | 2,695 | 415,599 | 43,160 | 6,883 | 8,317 | 473,959 | 18 |
| North Carolina | 1,131 | 45,834 | 0 | 0 | 0 | 45,834 | 4 |
| North Dakota | 102 | 0 | 683 | 0 | 0 | 683 | 1 |
| Ohio | 1,706 | 255,129 | 896 | 0 | 13,678 | 269,703 | 16 |
| Oklahoma | 507 | 48,273 | 0 | 0 | 0 | 48,273 | 10 |
| Oregon | 496 | 144,621 | 39,781 | 0 | 4,029 | 188,431 | 38 |
| Pennsylvania | 2,091 | 512,228 | 0 | 0 | 0 | 512,228 | 24 |
| Puerto Rico | 534 | 0 | 0 | 0 | 0 | 0 | 0 |
| Rhode Island | 170 | 58,111 | 0 | 0 | 0 | 58,111 | 34 |
| South Carolina | 570 | 0 | 0 | 0 | 0 | 0 | 0 |
| South Dakota | 118 | 835 | 0 | 0 | 0 | 835 | 1 |
| Tennessee | 830 | 37,113 | 0 | 0 | 0 | 37,113 | 4 |
| Texas | 2,268 | 213,267 | 25,659 | 7,879 | 15,686 | 262,491 | 12 |
| Utah | 209 | 0 | 0 | 18,245 | 0 | 18,245 | 9 |
| Vermont | 89 | 0 | 0 | 0 | 0 | 0 | 0 |
| V.I./Guam/A.S./Foreign | 316 | 0 | 0 | 0 | 0 | 0 | 0 |
| Virginia | 896 | 0 | 0 | 3,169 | 0 | 3,169 | 0 |
| Washington | 736 | 147,959 | 0 | 0 | 4,928 | 152,887 | 21 |
| West Virginia | 338 | 5,809 | 3,231 | 0 | 0 | 9,040 | 3 |
| Wisconsin | 776 | 31,025 | 8,328 | 0 | 846 | 40,199 | 5 |
| Wyoming | 66 | 0 | 0 | 0 | 0 | 0 | 0 |
| United Mine Workers² | — | — | — | — | 56,980 | 56,980 | — |

¹ Denominator Enrollment as of July 2000. ² United Mine Workers is a separate entity within Health Care Prepaid Plans (HCPP).

NOTES: Totals do not necessarily equal the sum of rounded components. Data as of May 2001. Enrollment by type of plan within State reflects the location of the plan, not necessarily the State of the residence of the beneficiary.

SOURCES: CMS/CBC/OSP

September 2001

**Medicaid Beneficiaries by State
Fiscal Year 1999**

| | Resident Population in thousands | Medicaid Beneficiaries in thousands | Beneficiaries as Percent of Population | Resident Population in thousands | Medicaid Beneficiaries in thousands | Beneficiaries as Percent of Population |
|--------------------------------------|----------------------------------|-------------------------------------|--|----------------------------------|-------------------------------------|--|
| All Reporting Medicaid Jurisdictions | NA | 41,841 | NA | 5,468 | 877 | 16.0 |
| United States | 272,691 | 39,666 | 14.5 | 883 | 84 | 9.5 |
| Alabama | 4,370 | 650 | 14.9 | 1,666 | 210 | 12.6 |
| Alaska | 620 | 99 | 16.0 | 1,809 | 143 | 7.9 |
| Arizona ¹ | 4,778 | 644 | 13.5 | 1,201 | 104 | 8.7 |
| Arkansas | 2,551 | 483 | 18.9 | 8,143 | 844 | 10.4 |
| California | 33,145 | 6,217 | 18.8 | New Jersey | 1,740 | 370 |
| Colorado | 4,056 | 352 | 8.7 | New Mexico | 18,197 | 3,327 |
| Connecticut | 3,282 | 410 | 12.5 | New York | 7,651 | 1,205 |
| Delaware | 754 | 113 | 15.0 | North Carolina | 634 | 64 |
| District of Columbia | 519 | 145 | 27.9 | North Dakota | 11,257 | 1,390 |
| Florida | 15,111 | 2,124 | 14.1 | Ohio | 3,358 | 12.3 |
| Georgia | 7,788 | 1,165 | 15.0 | Oklahoma | 3,316 | 482 |
| Hawaii | 1,185 | 182 | 15.4 | Oregon | 11,994 | 544 |
| Idaho | 1,252 | 117 | 9.3 | Pennsylvania | 991 | 1,705 |
| Illinois | 12,128 | 1,699 | 14.0 | Rhode Island | 155 | 202 |
| Indiana | 5,943 | 668 | 11.2 | South Carolina | 3,886 | 725 |
| Iowa | 2,869 | 318 | 11.1 | South Dakota | 733 | 92 |
| Kansas | 2,654 | 260 | 9.8 | Tennessee | 5,484 | 1,532 |
| Kentucky | 3,961 | 664 | 16.8 | Texas | 20,044 | 2,676 |
| Louisiana | 4,372 | 775 | 17.7 | Utah | 2,130 | 202 |
| Maine | 1,253 | 189 | 15.1 | | | 9.5 |
| Maryland | 5,172 | 628 | 12.1 | | | |
| Massachusetts | 6,175 | 1,049 | 17.0 | Vermont | 594 | 137 |
| Michigan | 9,864 | 1,335 | 13.5 | Virginia | 6,873 | 699 |
| Minnesota | 4,776 | 585 | 12.2 | Washington | 5,756 | 895 |
| Mississippi | 2,769 | 530 | 19.1 | West Virginia | 1,807 | 377 |
| | | | | Wisconsin | 5,250 | 563 |
| | | | | Wyoming | 480 | 52 |
| | | | | Puerto Rico | NA | 964 |
| | | | | Virgin Islands | NA | 19 |
| | | | | | | NA |

¹ Arizona operates a medical assistance program under a Section 1115 Demonstration project.

NOTES: Resident population is a provisional estimate as of July 1, 1999. The 1999 resident population data for Puerto Rico and Virgin Islands are not available. Medicaid beneficiaries represents those ever receiving a reimbursed service or had a premium paid on their behalf.

SOURCES: CMS/CMSO and Bureau of the Census

Medicare State Buy-Ins for Part A and Part B
July 2001

| State | Part A QMBs | Part B Buy-Ins | Part B QMBs ¹ | Part B SLMBs ¹ | Part B QI-1s ¹ | Part B 76,734 | Part A QMBs | Part B Buy-Ins | Part B QMBs ¹ | Part B SLMBs ¹ | Part B QI-1s ¹ | |
|----------------------|----------------|-------------------|-----------------------------|------------------------------|------------------------------|------------------|----------------|-------------------|-----------------------------|------------------------------|------------------------------|-------|
| Total | 361,366 | 5,615,326 | 2,577,109 | 437,923 | 76,734 | | 676 | 91,244 | 64,665 | 11,487 | 1,038 | |
| Alabama | 2,449 | 141,436 | 38,068 | 15,234 | 5,183 | | 441 | 13,120 | 8,998 | 2,033 | 290 | |
| Alaska | 690 | 8,832 | 6899 | 76 | — | | 1 | 21,121 | 10,973 | 1,799 | — | |
| Arizona | 646 | 61,989 | 34,794 | 3,824 | 1,651 | | 1,243 | 20,709 | 13,206 | 3,199 | 517 | |
| Arkansas | 2,903 | 80,231 | 22,377 | 6,949 | 294 | | 24 | 8,866 | 1,467 | 3,891 | — | |
| California | 118,842 | 848,361 | 339,264 | 17,479 | 4,816 | | 7,829 | 149,303 | 93,737 | 16,740 | 6,582 | |
| Colorado | 428 | 56,934 | 10,403 | — | — | | 396 | 39,275 | 9,500 | 3,169 | 555 | |
| Connecticut | 2,509 | 55,933 | 42,029 | 7,491 | — | | 272 | 395,830 | 167,298 | 4,001 | 2,413 | |
| Delaware | 379 | 12,094 | 3,009 | 1,359 | 329 | | 10,922 | 228,997 | 59,613 | 5,858 | 6,780 | |
| District of Columbia | 877 | 14,621 | 439 | 2,398 | — | | 4 | 6,275 | 1,782 | 714 | 177 | |
| Florida | 43,912 | 358,642 | 178,993 | 31,009 | 8,271 | | 3,813 | 67,787 | 54,756 | 9,550 | 5,883 | |
| Georgia | 4,145 | 181,312 | 48,808 | 18,579 | 5,102 | | 48 | 62,910 | 34,175 | 8,773 | — | |
| Hawaii | 4,241 | 21,090 | 17,940 | 483 | 69 | | 15,895 | 215,351 | 137,151 | 33,171 | — | |
| Idaho | 491 | 18,550 | 10,805 | 1524 | 459 | | 516 | 21,620 | 1,000 | 4 | 1 | |
| Illinois | 2,676 | 161,141 | 114,478 | 17,840 | 5,729 | | 1,509 | 116,288 | 83,473 | 10,272 | — | |
| Indiana | 1,445 | 91,311 | 56,133 | 14,452 | 1,746 | | 724 | 13,237 | 4,341 | 1,686 | 318 | |
| Iowa | 884 | 52,891 | 34,368 | 7,966 | 1,427 | | 6,324 | 184,570 | 78,944 | 9,394 | — | |
| Kansas | 622 | 42,126 | 16,650 | 2,889 | 446 | | 44,939 | 370,598 | 108,210 | 36,598 | — | |
| Kentucky | 2,736 | 118,641 | 32,554 | 12,569 | 2,572 | | 105 | 16,712 | 10,965 | 2,011 | — | |
| Louisiana | 4,171 | 117,867 | 72,072 | 11,154 | 3,020 | | 145 | 14,296 | 3,656 | 2,507 | — | |
| Maine | 19 | 38,161 | 16,453 | 4,386 | — | | 3,126 | 113,898 | 45,365 | 8,323 | 1,955 | |
| Maryland | 7,791 | 68,010 | 53,188 | 4,029 | 1,145 | | Washington | 4,616 | 94,852 | 59,100 | 5,210 | 1,283 |
| Massachusetts | 17,876 | 160,198 | 131,795 | 16,159 | 2102 | | West Virginia | 3,130 | 47,774 | 40,150 | 6,009 | 1127 |
| Michigan | 12,972 | 148,760 | 47,936 | 17,830 | 136 | | Wisconsin | 3,983 | 73,875 | 18,270 | 7,856 | 776 |
| Minnesota | 5,460 | 66,874 | 13,723 | 3,444 | — | | Wyoming | 175 | 6,746 | 2,235 | 903 | 212 |
| Mississippi | 5,782 | 116,503 | 61,124 | 8,111 | — | | Outlying Areas | — | 752 | — | — | — |

¹ Included in Part B Buy-In column.

NOTES: "—" equals ten or fewer observations. Qualified Medicare Beneficiaries (QMBs) and Specified Low-income Medicare Beneficiaries (SLMBs), and Qualified Individuals (QI-1s) are persons with limited resources whose incomes are at or below the national poverty level (QMBs), up to 120% of the national poverty levels (SLMBs), and up to 135% of the national poverty level (QI-1s). In addition to Medicare premiums, the Medicaid program may cover the cost of deductibles, coinsurance, and certain non-Medicare covered services which Medicare beneficiaries normally pay out of their own pockets.

Medicare Persons Served by State Calendar Year 1999

NOTES: Persons served represents persons receiving a reimbursed service under fee-for-service at any time during the year. The denominator used to calculate the rate served per 1,000 enrollees is the July 1, 1999 HI and/or SMI fee-for-service population. The rates may exceed 1,000 for a variety of reasons, including areas with rapidly changing fee-for-service/managed care distributions.

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**National Community Hospital Care by State
1999 Annual Survey**

| | Admissions in thousands | Average Stay in Days | Outpatient Visits in thousands | Admissions in thousands | Average Stay in Days | Outpatient Visits in thousands |
|----------------------|----------------------------|----------------------------|--------------------------------------|----------------------------|----------------------------|--------------------------------------|
| United States | 32,359 | 5.9 | 495,346 | Missouri | 743 | 5.7 |
| Alabama | 670 | 5.4 | 7,835 | Montana | 98 | 11.9 |
| Alaska | 41 | 6.1 | 1,032 | Nebraska | 199 | 9.1 |
| Arizona | 511 | 4.7 | 4,943 | Nevada | 198 | 5.1 |
| Arkansas | 375 | 5.9 | 3,956 | New Hampshire | 109 | 5.5 |
| California | 3,244 | 5.3 | 44,779 | New Jersey | 1,069 | 5.8 |
| Colorado | 383 | 5.1 | 6,440 | New Mexico | 164 | 4.4 |
| Connecticut | 338 | 6.1 | 6,818 | New York | 2,406 | 8.0 |
| Delaware | 87 | 5.6 | 1,347 | North Carolina | 931 | 6.2 |
| District of Columbia | 138 | 7.1 | 1,383 | North Dakota | 87 | 9.8 |
| Florida | 2,020 | 5.5 | 19,699 | Ohio | 1,359 | 5.4 |
| Georgia | 824 | 6.8 | 10,839 | Oklahoma | 411 | 5.5 |
| Hawaii | 99 | 7.8 | 2,437 | Oregon | 318 | 4.4 |
| Idaho | 120 | 5.8 | 2,182 | Pennsylvania | 1,755 | 6.1 |
| Illinois | 1,509 | 5.5 | 23,916 | Rhode Island | 117 | 5.3 |
| Indiana | 683 | 5.9 | 13,114 | South Carolina | 479 | 5.9 |
| Iowa | 359 | 7.0 | 8,563 | South Dakota | 97 | 10.8 |
| Kansas | 326 | 6.8 | 5,024 | Tennessee | 752 | 5.7 |
| Kentucky | 570 | 5.8 | 7,982 | Texas | 2,303 | 5.2 |
| Louisiana | 627 | 5.5 | 9,514 | Utah | 189 | 4.6 |
| Maine | 146 | 6.0 | 2,777 | Vermont | 51 | 7.8 |
| Maryland | 577 | 5.2 | 5,943 | Virginia | 724 | 5.7 |
| Massachusetts | 739 | 5.7 | 15,709 | Washington | 491 | 4.8 |
| Michigan | 1,084 | 5.8 | 22,372 | West Virginia | 289 | 6.2 |
| Minnesota | 535 | 7.6 | 6,451 | Wisconsin | 553 | 6.1 |
| Mississippi | 416 | 7.0 | 3,457 | Wyoming | 45 | 7.7 |
| | | | | | | |

SOURCE: American Hospital Association's 2001 Hospital Statistics.

September 2001

**Medicare Skilled Nursing Facility Non-Swing Bed Utilization by State
Calendar Year 1999**

| | Total Patients | Total Discharges | Total Covered Days | Average Days Per Discharge | Total Reimbursement | Average Reimbursement Per Day | Average Reimbursement Per Discharge |
|----------------------|----------------|------------------|--------------------|----------------------------|---------------------|-------------------------------|-------------------------------------|
| Total ¹ | 1,392,779 | 1,449,536 | 42,534,503 | 29 | \$9,471,398,469 | \$223 | \$6,534 |
| Alabama | 21,136 | 19,724 | 772,138 | 39 | 143,269,261 | 186 | 7,264 |
| Alaska | 566 | 615 | 16,896 | 28 | 4,121,996 | 244 | 6,702 |
| Arizona | 16,804 | 18,570 | 360,968 | 19 | 102,195,743 | 283 | 5,503 |
| Arkansas | 15,156 | 17,370 | 415,927 | 24 | 74,391,445 | 179 | 4,283 |
| California | 108,460 | 127,120 | 2,892,447 | 23 | 917,269,796 | 317 | 7,216 |
| Colorado | 13,817 | 15,998 | 357,914 | 22 | 98,746,393 | 276 | 6,172 |
| Connecticut | 27,186 | 25,081 | 1,081,513 | 43 | 219,611,721 | 203 | 8,756 |
| Delaware | 3,406 | 3,105 | 114,916 | 37 | 22,956,722 | 200 | 7,393 |
| District of Columbia | 2,138 | 2,263 | 64,697 | 29 | 14,919,416 | 231 | 6,593 |
| Florida | 102,656 | 117,305 | 3,062,185 | 26 | 812,999,887 | 265 | 6,931 |
| Georgia | 25,544 | 24,693 | 884,599 | 36 | 167,923,680 | 190 | 6,800 |
| Hawaii | 1,788 | 1,581 | 49,870 | 32 | 12,269,902 | 246 | 7,761 |
| Idaho | 7,151 | 7,814 | 202,683 | 26 | 42,475,917 | 210 | 5,436 |
| Illinois | 73,806 | 86,634 | 2,062,670 | 24 | 451,234,528 | 219 | 5,209 |
| Indiana | 44,197 | 46,108 | 1,376,451 | 30 | 308,201,182 | 224 | 6,684 |
| Iowa | 16,876 | 18,729 | 361,338 | 19 | 73,023,910 | 202 | 3,899 |
| Kansas | 15,237 | 17,391 | 369,116 | 21 | 81,345,726 | 220 | 4,677 |
| Kentucky | 24,392 | 24,973 | 759,303 | 30 | 139,784,950 | 184 | 5,597 |
| Louisiana | 18,854 | 21,856 | 458,315 | 21 | 114,617,411 | 250 | 5,244 |
| Maine | 9,721 | 10,229 | 269,711 | 26 | 54,443,627 | 202 | 5,322 |
| Maryland | 28,675 | 32,497 | 806,881 | 25 | 182,446,051 | 226 | 5,614 |
| Massachusetts | 49,475 | 51,429 | 1,576,374 | 31 | 363,759,099 | 231 | 7,073 |
| Michigan | 43,127 | 38,060 | 1,690,188 | 44 | 287,537,627 | 170 | 7,555 |
| Minnesota | 28,455 | 21,997 | 849,724 | 39 | 138,675,239 | 163 | 6,304 |
| Mississippi | 12,450 | 12,972 | 384,835 | 30 | 66,869,071 | 174 | 5,155 |
| Missouri | 37,657 | 42,893 | 970,999 | 23 | 228,091,598 | 235 | 5,318 |
| Montana | 6,365 | 7,350 | 152,806 | 21 | 28,648,443 | 187 | 3,898 |
| Nebraska | 10,601 | 11,266 | 271,689 | 24 | 53,324,638 | 196 | 4,733 |
| Nevada | 4,643 | 5,058 | 123,305 | 24 | 34,542,169 | 280 | 6,829 |

**Medicare Skilled Nursing Facility Non-Swing Bed Utilization by State
Calendar Year 1999**

| | Total Patients | Total Discharges | Covered Days | Average Days Per Discharge | Total Reimbursement | Average Reimbursement Per Day | Average Reimbursement Per Discharge |
|----------------|----------------|------------------|--------------|----------------------------|---------------------|-------------------------------|-------------------------------------|
| New Hampshire | 5,562 | 5,519 | 185,981 | 34 | \$41,592,235 | \$224 | \$7,536 |
| New Jersey | 46,170 | 46,260 | 1,349,783 | 29 | 314,276,134 | 233 | 6,794 |
| New Mexico | 4,799 | 5,163 | 129,836 | 25 | 31,854,311 | 245 | 6,170 |
| New York | 80,084 | 59,436 | 3,499,583 | 59 | 738,086,959 | 211 | 12,418 |
| North Carolina | 37,055 | 32,551 | 1,314,621 | 40 | 223,126,145 | 170 | 6,855 |
| North Dakota | 4,084 | 3,322 | 95,213 | 29 | 13,849,103 | 145 | 4,169 |
| Ohio | 77,117 | 80,961 | 2,226,740 | 28 | 476,353,187 | 214 | 5,884 |
| Oklahoma | 16,334 | 19,051 | 418,349 | 22 | 97,593,361 | 233 | 5,123 |
| Oregon | 10,944 | 11,931 | 235,785 | 20 | 63,206,594 | 268 | 5,298 |
| Pennsylvania | 85,736 | 86,090 | 2,590,221 | 30 | 542,215,856 | 209 | 6,298 |
| Puerto Rico | 1,838 | 1,969 | 41,486 | 21 | 5,275,712 | 127 | 2,679 |
| Rhode Island | 6,705 | 6,280 | 214,207 | 34 | 40,362,918 | 188 | 6,427 |
| South Carolina | 17,599 | 18,330 | 575,117 | 31 | 103,212,126 | 179 | 5,631 |
| South Dakota | 4,442 | 4,138 | 142,827 | 35 | 21,226,484 | 149 | 5,130 |
| Tennessee | 35,314 | 40,107 | 1,137,120 | 28 | 225,045,676 | 198 | 5,611 |
| Texas | 78,264 | 92,078 | 2,313,266 | 25 | 584,653,597 | 253 | 6,350 |
| Utah | 9,061 | 10,349 | 244,691 | 24 | 63,844,241 | 261 | 6,169 |
| Vermont | 3,008 | 2,599 | 106,695 | 41 | 14,796,196 | 139 | 5,693 |
| Virgin Islands | 38 | 34 | 959 | 28 | 169,723 | 177 | 4,992 |
| Virginia | 26,066 | 23,786 | 869,748 | 37 | 172,495,348 | 198 | 7,252 |
| Washington | 24,863 | 26,179 | 627,932 | 24 | 168,560,127 | 268 | 6,439 |
| West Virginia | 12,282 | 13,137 | 344,360 | 26 | 70,735,425 | 205 | 5,384 |
| Wisconsin | 32,772 | 27,245 | 1,042,239 | 38 | 204,464,407 | 196 | 7,505 |
| Wyoming | 2,229 | 2,272 | 65,970 | 29 | 14,200,967 | 215 | 6,250 |

¹Includes residence unknown.

NOTES: Provider based data are derived from bills for services performed in 1999 and recorded in CMS central records as of June 2000. These interim payment amounts may differ from final cost report adjusted payment amounts. Patient counts are unique to the State and therefore do not add to the total. Data excludes no pay bills and has been screened to protect the privacy of beneficiaries.

SOURCE: CMS/OIS

September 2001

Medicare Home Health Agency Utilization by State
Calendar Year 1999

| | Total Claims | Total Reimbursement | Total Patients | Total Visits | Average Reimbursement Per Patient | Average Visits Per Patient |
|----------------------|--------------|---------------------|----------------|--------------|-----------------------------------|----------------------------|
| Total ¹ | 9,739,544 | \$7,907,835,405 | 2,713,307 | 112,740,333 | \$2,914 | 42 |
| Alabama | 216,305 | 184,896,076 | 51,554 | 3,243,117 | 3,586 | 63 |
| Alaska | 5,189 | 5,536,543 | 1,915 | 44,989 | 2,891 | 23 |
| Arizona | 65,023 | 50,928,997 | 24,539 | 677,003 | 2,075 | 28 |
| Arkansas | 117,400 | 79,815,579 | 31,065 | 1,381,211 | 2,569 | 44 |
| California | 630,090 | 593,003,393 | 203,514 | 6,191,219 | 2,914 | 30 |
| Colorado | 84,945 | 68,471,998 | 25,080 | 963,792 | 2,730 | 38 |
| Connecticut | 160,654 | 138,673,961 | 45,738 | 2,216,507 | 3,032 | 48 |
| Delaware | 25,288 | 22,660,617 | 8,915 | 292,306 | 2,542 | 33 |
| District of Columbia | 14,980 | 16,842,190 | 5,443 | 200,501 | 3,094 | 37 |
| Florida | 605,960 | 639,456,155 | 204,622 | 8,679,570 | 3,125 | 42 |
| Georgia | 266,569 | 230,189,737 | 66,187 | 12,352,676 | 3,478 | 52 |
| Hawaii | 11,727 | 9,455,653 | 4,213 | 23,741,560 | 2,244 | 25 |
| Idaho | 31,981 | 22,752,914 | 10,699 | 45,266,613 | 2,127 | 29 |
| Illinois | 399,730 | 292,410,297 | 120,662 | 90,240,920 | 2,423 | 32 |
| Indiana | 73,245 | 129,584,842 | 52,700 | 180,281,339 | 2,459 | 37 |
| Iowa | 76,723 | 40,950,213 | 27,717 | 749,229 | 1,477 | 27 |
| Kansas | 63,811 | 40,450,349 | 20,495 | 637,764 | 1,974 | 31 |
| Kentucky | 197,542 | 151,565,914 | 51,530 | 2,415,732 | 2,941 | 47 |
| Louisiana | 427,809 | 313,302,605 | 55,969 | 5,330,062 | 5,598 | 95 |
| Maine | 75,742 | 51,597,316 | 21,028 | 843,933 | 2,454 | 40 |
| Maryland | 119,266 | 106,626,879 | 44,789 | 1,275,967 | 2,381 | 28 |
| Massachusetts | 333,610 | 282,966,374 | 88,293 | 4,250,982 | 3,205 | 48 |
| Michigan | 386,205 | 329,947,994 | 119,194 | 4,026,975 | 2,768 | 34 |
| Minnesota | 70,991 | 48,727,792 | 27,906 | 738,168 | 1,746 | 26 |
| Mississippi | 224,233 | 197,770,834 | 44,584 | 3,543,957 | 4,436 | 79 |
| Missouri | 224,365 | 149,217,071 | 66,708 | 2,162,898 | 2,237 | 32 |
| Montana | 28,431 | 18,882,961 | 8,910 | 274,415 | 2,119 | 31 |
| Nebraska | 45,720 | 28,967,078 | 15,695 | 431,150 | 1,846 | 27 |
| Nevada | 33,409 | 31,276,786 | 10,381 | 401,066 | 3,013 | 39 |

Medicare Home Health Agency Utilization by State
Calendar Year 1999
continued

| | Total Claims | Total Reimbursement | Total Patients | Total Visits | Average Reimbursement Per Patient | Average Visits Per Patient |
|----------------|--------------|---------------------|----------------|--------------|-----------------------------------|----------------------------|
| New Hampshire | 51,302 | \$32,762,037 | 13,571 | 555,743 | \$2,414 | 41 |
| New Jersey | 266,849 | 218,153,019 | 88,731 | 2,747,656 | 2,459 | 31 |
| New Mexico | 51,360 | 32,916,535 | 13,762 | 491,198 | 2,392 | 36 |
| New York | 557,936 | 518,916,654 | 187,734 | 6,709,809 | 2,764 | 36 |
| North Carolina | 310,757 | 244,455,623 | 91,248 | 3,350,522 | 2,679 | 37 |
| North Dakota | 19,946 | 11,732,223 | 7,286 | 196,352 | 1,610 | 27 |
| Ohio | 330,228 | 246,232,049 | 106,446 | 3,439,783 | 2,313 | 32 |
| Oklahoma | 259,845 | 177,049,852 | 42,595 | 3,077,911 | 4,157 | 72 |
| Oregon | 65,527 | 47,153,858 | 23,955 | 502,171 | 1,968 | 21 |
| Pennsylvania | 532,950 | 392,532,846 | 165,540 | 5,218,356 | 2,371 | 32 |
| Puerto Rico | 115,142 | 47,836,041 | 31,794 | 986,773 | 1,505 | 31 |
| Rhode Island | 51,964 | 37,983,554 | 13,108 | 501,612 | 2,898 | 38 |
| South Carolina | 150,691 | 126,141,373 | 43,111 | 1,727,182 | 2,926 | 40 |
| South Dakota | 18,588 | 10,234,151 | 6,698 | 173,041 | 1,528 | 26 |
| Tennessee | 322,546 | 309,018,860 | 72,859 | 4,870,887 | 4,241 | 67 |
| Texas | 875,780 | 698,235,154 | 169,684 | 10,648,022 | 4,115 | 63 |
| Utah | 61,152 | 57,180,889 | 15,751 | 873,368 | 3,630 | 55 |
| Vermont | 49,773 | 24,732,950 | 11,012 | 504,166 | 2,246 | 46 |
| Virgin Islands | 455 | 280,300 | 169 | 4,581 | 1,659 | 27 |
| Virginia | 228,244 | 184,586,055 | 68,095 | 2,684,066 | 2,711 | 39 |
| Washington | 97,999 | 76,575,602 | 36,149 | 817,009 | 2,118 | 23 |
| West Virginia | 75,838 | 47,832,155 | 22,116 | 754,276 | 2,163 | 34 |
| Wisconsin | 116,051 | 79,600,501 | 39,394 | 1,157,370 | 2,021 | 29 |
| Wyoming | 11,677 | 8,764,006 | 3,786 | 143,643 | 2,315 | 38 |

¹ Includes residence unknown.

NOTES: Provider based data are derived from bills for services performed in 1999 and recorded in CMS central records as of June 2000. These interim payment amounts may differ from final cost report adjusted payment amounts. Patient counts are unique to the State and therefore do not add to the total.

SOURCES: CMS/OIS/HCIS

September 2001

**Medicare Hospice Utilization by State
Calendar Year 1999**

| | Total Patients | Total Reimbursement | Total Covered Days | Total Covered Hours | Total Covered Procedures | Reimbursement Per Patient | Average Days Per Patient |
|----------------------|----------------|------------------------|--------------------|---------------------|--------------------------|---------------------------|--------------------------|
| Total | 474,270 | \$2,525,402,040 | 27,746,562 | 1,471,068 | 259,607 | \$5,325 | 48 |
| Alabama | 9,799 | 64,902,889 | 694,961 | 34,509 | 2,022 | 6,623 | 71 |
| Alaska | 35 | 196,764 | 1,617 | 0 | 0 | 5,622 | 46 |
| Arizona | 14,383 | 79,229,855 | 618,345 | 30,305 | 12,893 | 5,509 | 43 |
| Arkansas | 4,932 | 27,203,466 | 300,318 | 11,698 | 265 | 5,516 | 61 |
| California | 44,536 | 241,767,930 | 1,938,758 | 128,113 | 17,730 | 5,429 | 44 |
| Colorado | 7,824 | 36,808,748 | 304,321 | 1,764 | 2,351 | 4,705 | 39 |
| Connecticut | 4,851 | 28,994,748 | 182,061 | 3,196 | 5,524 | 5,977 | 38 |
| Delaware | 1,332 | 6,916,111 | 65,682 | 66 | 65 | 5,192 | 49 |
| District of Columbia | 547 | 2,530,513 | 19,230 | 81 | 156 | 4,626 | 35 |
| Florida | 50,893 | 301,979,221 | 2,467,227 | 781,858 | 67,667 | 5,934 | 48 |
| Georgia | 12,075 | 66,177,649 | 644,037 | 15,947 | 1,730 | 5,481 | 53 |
| Hawaii | NA | NA | NA | NA | NA | NA | NA |
| Idaho | 1,677 | 8,457,746 | 87,703 | 6,635 | 68 | 5,043 | 52 |
| Illinois | 21,198 | 102,990,844 | 918,535 | 24,372 | 8,405 | 4,859 | 43 |
| Indiana | 8,569 | 44,409,841 | 430,033 | 4,336 | 1,003 | 5,183 | 50 |
| Iowa | 5,903 | 28,112,682 | 284,800 | 2,377 | 3,805 | 4,762 | 48 |
| Kansas | 3,671 | 17,689,185 | 186,194 | 1,118 | 719 | 4,819 | 51 |
| Kentucky | 7,504 | 43,193,806 | 421,535 | 11,165 | 11,114 | 5,756 | 56 |
| Louisiana | 5,738 | 27,044,598 | 264,412 | 2,150 | 2,198 | 4,713 | 46 |
| Maine | 940 | 4,624,366 | 48,722 | 1,098 | 31 | 4,920 | 52 |
| Maryland | 6,744 | 29,765,872 | 266,389 | 140 | 4,031 | 4,414 | 40 |
| Massachusetts | 8,890 | 41,703,577 | 349,053 | 4,466 | 1,167 | 4,691 | 39 |
| Michigan | 20,835 | 105,716,997 | 940,864 | 9,241 | 3,634 | 5,074 | 45 |
| Minnesota | 7,180 | 37,137,516 | 341,508 | 19,470 | 2,721 | 5,172 | 48 |
| Mississippi | 4,439 | 33,345,414 | 330,913 | 16,224 | 1,238 | 7,512 | 75 |
| Missouri | 11,285 | 47,658,001 | 506,809 | 1,375 | 747 | 4,223 | 45 |
| Montana | 1,275 | 6,759,706 | 69,905 | 361 | 388 | 5,302 | 55 |
| Nebraska | 2,843 | 12,477,125 | 134,713 | 364 | 336 | 4,389 | 47 |
| Nevada | 3,425 | 17,517,202 | 131,826 | 75 | 4,399 | 5,115 | 38 |

Medicare Hospice Utilization by State (continued)

Calendar Year 1999

| | Total Patients | Total Reimbursement | Total Covered Days | Total Covered Hours | Total Procedures | Average Reimbursement Per Patient | Average Days Per Patient |
|----------------|----------------|---------------------|--------------------|---------------------|------------------|-----------------------------------|--------------------------|
| New Hampshire | 1,528 | \$7,585,065 | 70,724 | 1,375 | 85 | \$4,964 | 46 |
| New Jersey | 11,521 | 58,021,253 | 504,928 | 833 | 2,892 | 5,036 | 44 |
| New Mexico | 3,319 | 18,982,685 | 181,606 | 748 | 999 | 5,719 | 55 |
| New York | 21,297 | 122,034,682 | 931,890 | 45,546 | 9,425 | 5,730 | 44 |
| North Carolina | 12,112 | 71,977,953 | 677,607 | 6,325 | 13,418 | 5,943 | 56 |
| North Dakota | 1,179 | 4,726,298 | 47,434 | 13,275 | 348 | 4,009 | 40 |
| Ohio | 24,771 | 115,388,390 | 1,022,212 | 17,165 | 13,240 | 4,658 | 41 |
| Oklahoma | 8,838 | 55,172,028 | 600,420 | 12,403 | 659 | 6,243 | 68 |
| Oregon | 8,092 | 35,895,415 | 338,834 | 6,630 | 60 | 4,436 | 42 |
| Pennsylvania | 24,106 | 117,467,034 | 1,036,179 | 38,128 | 9,396 | 4,873 | 43 |
| Puerto Rico | 4,424 | 21,046,104 | 287,260 | 634 | 13,023 | 4,757 | 65 |
| Rhode Island | 1,718 | 8,185,276 | 65,849 | 80 | 1,634 | 4,764 | 38 |
| South Carolina | 5,653 | 30,684,290 | 312,070 | 877 | 907 | 5,428 | 55 |
| South Dakota | 903 | 3,875,172 | 42,208 | 85 | 152 | 4,291 | 47 |
| Tennessee | 6,566 | 33,498,352 | 335,799 | 13,995 | 3,072 | 5,102 | 51 |
| Texas | 34,149 | 193,945,684 | 1,815,867 | 178,099 | 25,736 | 5,679 | 53 |
| Utah | 2,293 | 11,448,723 | 110,906 | 1,029 | 24 | 4,993 | 48 |
| Vermont | NA | NA | NA | NA | NA | NA | NA |
| Virginia | 8,079 | 41,832,036 | 398,239 | 906 | 3,388 | 5,178 | 49 |
| Washington | 8,989 | 44,642,661 | 389,592 | 4,639 | 1,575 | 4,966 | 43 |
| West Virginia | 2,900 | 14,842,643 | 153,046 | 10,419 | 680 | 5,118 | 53 |
| Wisconsin | 8,083 | 38,719,531 | 382,952 | 2,973 | 2,347 | 4,790 | 47 |
| Wyoming | 399 | 2,144,718 | 21,939 | 162 | 130 | 5,375 | 55 |

NOTES: Provider based data are derived from bills for services performed in 1999 and recorded in CMS central records as of June 2000. These interim payment amounts may differ from final cost report adjusted payment amounts. Patient counts are unique to the State and therefore do not add to the total. Data have been screened for privacy.

SOURCES: CMS/OIS/HCIS

September 2001

Medicare Inpatient Hospitals by State 2000

| | Short-Stay Hospitals | Beds per 1,000 Enrollees | Long-Stay Hospitals ¹ | Beds per 1,000 Enrollees | Short-Stay Hospitals | Beds per 1,000 Enrollees | Long-Stay Hospitals ¹ | Beds per 1,000 Enrollees |
|-------------------------|----------------------|--------------------------|----------------------------------|--------------------------|----------------------|--------------------------|----------------------------------|--------------------------|
| All Areas United States | 4,704 4,647 | 22.3 23.1 | 1,327 1,321 | 3.4 3.4 | Missouri | 111 | 28.3 | 30 |
| Alabama | 105 | 28.3 | 18 | 2.6 | Montana | 44 | 19.9 | 17 |
| Alaska | 21 | 33.6 | 3 | 7.1 | Nebraska | 43 | 20.0 | 53 |
| Arizona | 67 | 15.8 | 17 | 2.5 | New Hampshire | 26 | 17.5 | 14 |
| Arkansas | 69 | 23.5 | 26 | 6.0 | New Jersey | 82 | 18.0 | 4 |
| California | 397 | 21.0 | 68 | 1.8 | New Mexico | 38 | 23.8 | 26 |
| Colorado | 60 | 20.8 | 22 | 4.7 | New York | 216 | 26.2 | 52 |
| Connecticut | 32 | 17.3 | 15 | 2.9 | North Carolina | 114 | 20.7 | 21 |
| Delaware | 5 | 17.0 | 6 | 5.2 | North Dakota | 36 | 28.2 | 21 |
| Dist. of Columbia | 10 | 53.4 | 6 | 8.2 | Ohio | 165 | 26.0 | 38 |
| Florida | 183 | 18.0 | 53 | 1.9 | Oklahoma | 112 | 26.1 | 39 |
| Georgia | 144 | 25.6 | 38 | 4.1 | Oregon | 56 | 15.8 | 7 |
| Hawaii | 23 | 14.6 | 4 | 2.4 | Pennsylvania | 193 | 17.4 | 58 |
| Idaho | 29 | 15.3 | 19 | 11.4 | Rhode Island | 11 | 17.7 | 6 |
| Illinois | 184 | 28.7 | 34 | 2.1 | South Carolina | 62 | 20.5 | 14 |
| Indiana | 106 | 22.7 | 45 | 5.3 | South Dakota | 45 | 24.7 | 18 |
| Iowa | 106 | 24.7 | 14 | 3.0 | Tennessee | 119 | 29.5 | 28 |
| Kansas | 107 | 27.7 | 42 | 10.9 | Texas | 356 | 22.7 | 119 |
| Kentucky | 95 | 26.9 | 22 | 3.6 | Utah | 43 | 22.7 | 7 |
| Louisiana | 116 | 30.4 | 60 | 10.1 | Vermont | 14 | 21.5 | 2 |
| Maine | 31 | 17.3 | 10 | 4.7 | Virginia | 91 | 22.5 | 27 |
| Maryland | 48 | 21.0 | 19 | 3.0 | Washington | 80 | 17.0 | 16 |
| Massachusetts | 75 | 15.0 | 44 | 4.6 | West Virginia | 46 | 25.9 | 20 |
| Michigan | 137 | 20.4 | 37 | 2.6 | Wisconsin | 116 | 23.6 | 24 |
| Minnesota | 129 | 23.1 | 21 | 3.2 | Wyoming | 24 | 24.4 | 3 |
| Mississippi | 97 | 29.0 | 7 | 1.7 | Puerto Rico | 52 | N/A | ** |
| | | | | | Other Outlying Areas | 5 | N/A | 6 |

¹Excludes Christian Science, Critical Access, and Alcohol/Drug.

NOTES: Facility data as of December 2000. Beds per 1,000 enrollees based on HI enrollment data as of July 1, 2000.

SOURCE: CMS/OSSP

September 2001

Medicare Skilled Nursing Facilities and Certified Beds by State
2000

| | Facilities | Beds | Facilities | Beds |
|-------------------------------------|------------------|--------------------|--|-------------------------------|
| All Areas United States | 14,841 14,832 | 939,364 939,024 | Missouri Montana Nebraska Nevada New Hampshire | 455 101 172 49 67 |
| Alabama | 221 | 12,194 | New Jersey | 360 |
| Alaska | 15 | 487 | New Mexico | 69 |
| Arizona | 148 | 6,189 | New York | 664 |
| Arkansas | 189 | 6,020 | North Carolina | 408 |
| California | 1,271 | 71,712 | North Dakota | 88 |
| Colorado | 202 | 12,288 | Ohio | 892 |
| Connecticut | 250 | 26,829 | Oklahoma | 242 |
| Delaware | 38 | 2,780 | Oregon | 124 |
| District of Columbia | 19 | 1,535 | Pennsylvania | 750 |
| Florida | 724 | 44,583 | Rhode Island | 99 |
| Georgia | 325 | 22,693 | South Carolina | 178 |
| Hawaii | 41 | 3,125 | South Dakota | 89 |
| Idaho | 82 | 5,149 | Tennessee | 276 |
| Illinois | 657 | 20,506 | Texas | 1,019 |
| Indiana | 499 | 22,355 | Utah | 81 |
| Iowa | 302 | 17,666 | Vermont | 42 |
| Kansas | 263 | 10,068 | Virginia | 229 |
| Kentucky | 307 | 16,356 | Washington | 266 |
| Louisiana | 232 | 14,794 | West Virginia | 113 |
| Maine | 126 | 7,611 | Wisconsin | 372 |
| Maryland | 244 | 15,253 | Wyoming | 34 |
| Massachusetts | 505 | 37,174 | | |
| Michigan | 389 | 26,899 | | |
| Minnesota | 412 | 36,797 | | |
| Mississippi | 132 | 6,292 | | |
| U.S. Territories and Possessions | | | | 9 |
| | | | | 340 |

NOTE: Data as of December.

SOURCE: CMS/OSP

September 2001

**Nursing Facilities Certified for Medicaid Only and Other Medicaid Long-Term Care Facilities by State
2000**

| | Nursing Facilities Title 19 Only | Institutions for Mentally Retarded | Nursing Facilities Title 19 Only | Institutions for Mentally Retarded | Institutions for Mentally Retarded |
|----------------------|-------------------------------------|--|-------------------------------------|--|--|
| United States | 2,116 | 6,767 | 98 | 18 | 18 |
| Alabama | 4 | 8 | 3 | 2 | 2 |
| Alaska | 0 | 0 | 64 | 4 | 4 |
| Arizona | 1 | 11 | 2 | 20 | 20 |
| Arkansas | 68 | 40 | 16 | 1 | 1 |
| California | 98 | 1,043 | 1 | 9 | 9 |
| Colorado | 23 | 3 | 11 | 43 | 43 |
| Connecticut | 9 | 122 | 3 | 749 | 749 |
| Delaware | 5 | 2 | 4 | 333 | 333 |
| District of Columbia | 1 | 130 | 0 | 66 | 66 |
| Florida | 8 | 108 | 121 | 461 | 461 |
| Georgia | 37 | 13 | 152 | 54 | 54 |
| Hawaii | 4 | 22 | 26 | 1 | 1 |
| Idaho | 2 | 66 | 20 | 232 | 232 |
| Illinois | 211 | 317 | 0 | 20 | 20 |
| Indiana | 70 | 574 | 121 | 157 | 157 |
| Iowa | 168 | 127 | 0 | 4 | 4 |
| Kansas | 129 | 42 | 25 | 83 | 83 |
| Kentucky | 0 | 12 | 75 | 915 | 915 |
| Louisiana | 106 | 473 | 217 | 14 | 14 |
| Maine | 0 | 28 | 12 | 2 | 2 |
| Maryland | 17 | 5 | 56 | 19 | 19 |
| Massachusetts | 22 | 7 | 11 | 17 | 17 |
| Michigan | 49 | 2 | 27 | 62 | 62 |
| Minnesota | 22 | 270 | 49 | 41 | 41 |
| Mississippi | 61 | 13 | 6 | 2 | 2 |

NOTE: Data as of December.

SOURCE: CMS/OSP

September 2001

**Community Hospitals by State
1999 Annual Survey**

| | Hospitals | Beds | Beds per 1,000 Resident Population | Hospitals | Beds | Beds per 1,000 Resident Population |
|----------------------|-----------|---------|------------------------------------|----------------|------|------------------------------------|
| United States | 4,956 | 829,575 | 3.0 | Missouri | 118 | 20,253 |
| Alabama | 115 | 16,306 | 3.7 | Montana | 53 | 4,668 |
| Alaska | 17 | 1,250 | 2.0 | Nebraska | 85 | 8,326 |
| Arizona | 61 | 10,576 | 2.2 | Nevada | 22 | 3,706 |
| Arkansas | 83 | 10,051 | 3.9 | New Hampshire | 28 | 2,974 |
| California | 395 | 73,672 | 2.2 | New Jersey | 81 | 24,570 |
| Colorado | 67 | 9,349 | 2.3 | New Mexico | 36 | 3,370 |
| Connecticut | 35 | 7,872 | 2.4 | New York | 218 | 68,924 |
| Delaware | 6 | 2,000 | 2.7 | North Carolina | 114 | 23,391 |
| District of Columbia | 12 | 3,541 | 6.8 | North Dakota | 41 | 3,884 |
| Florida | 203 | 49,434 | 3.3 | Ohio | 167 | 34,164 |
| Georgia | 154 | 24,784 | 3.2 | Oklahoma | 109 | 11,075 |
| Hawaii | 22 | 2,913 | 2.5 | Oregon | 59 | 6,643 |
| Idaho | 42 | 3,499 | 2.8 | Pennsylvania | 210 | 42,999 |
| Illinois | 198 | 37,658 | 3.1 | Rhode Island | 11 | 2,400 |
| Indiana | 111 | 19,225 | 3.2 | South Carolina | 64 | 11,629 |
| Iowa | 115 | 11,838 | 4.1 | South Dakota | 48 | 4,344 |
| Kansas | 131 | 11,615 | 4.4 | Tennessee | 121 | 20,627 |
| Kentucky | 105 | 14,956 | 3.8 | Texas | 408 | 56,824 |
| Louisiana | 122 | 16,782 | 3.8 | Utah | 42 | 4,170 |
| Maine | 37 | 3,691 | 2.9 | Vermont | 14 | 1,669 |
| Maryland | 49 | 11,629 | 2.2 | Virginia | 89 | 17,295 |
| Massachusetts | 79 | 16,309 | 2.6 | Washington | 86 | 11,092 |
| Michigan | 145 | 26,144 | 2.7 | West Virginia | 58 | 8,109 |
| Minnesota | 134 | 16,458 | 3.4 | Wisconsin | 123 | 15,870 |
| Mississippi | 96 | 13,217 | 4.8 | Wyoming | 23 | 1,830 |

SOURCE: American Hospital Association's 2001 Hospital Statistics.

September 2001

**Medicare Part B Participating Physicians and Other Practitioners by State
Selected Years**

| | January 1997 | January 1998 | January 1999 | January 2000 | January 2001 |
|----------------------|--------------|--------------|--------------|--------------|--------------|
| Alabama | 93.5 | 94.0 | 94.5 | 95.5 | 96.0 |
| Alaska | 79.0 | 79.6 | 81.4 | 82.9 | 83.7 |
| Arizona | 86.6 | 89.2 | 89.7 | 90.3 | 88.5 |
| Arkansas | 78.9 | 80.4 | 83.1 | 94.6 | 95.1 |
| California | 80.9 | 81.9 | 81.0 | 85.5 | 78.5 |
| Colorado | 81.4 | 83.1 | 84.6 | 87.4 | 88.4 |
| Connecticut | 86.4 | 87.8 | 88.7 | 89.3 | 89.9 |
| Delaware | 68.6 | 83.1 | 84.1 | 85.2 | 86.9 |
| District of Columbia | 68.6 | 79.5 | 81.0 | 84.1 | 85.2 |
| Florida | 73.9 | 76.2 | 77.6 | 90.1 | 92.1 |
| Georgia | 88.6 | 88.6 | 83.3 | 89.4 | 89.5 |
| Hawaii | 84.0 | 84.6 | 85.6 | 90.3 | 91.0 |
| Idaho | 67.6 | 72.2 | 75.6 | 77.6 | 79.4 |
| Illinois | 83.3 | 85.4 | 84.2 | 90.9 | 92.4 |
| Indiana | 76.8 | 77.9 | 79.0 | 83.2 | 85.1 |
| Iowa | 88.5 | 90.0 | 91.1 | 93.2 | 94.0 |
| Kansas | 91.8 | 93.3 | 94.7 | 94.2 | 94.4 |
| Kentucky | 88.7 | 89.7 | 92.3 | 93.8 | 93.3 |
| Louisiana | 64.6 | 67.6 | 73.5 | 91.7 | 92.1 |
| Maine | 79.9 | 92.4 | 93.8 | 94.3 | 93.6 |
| Maryland | 89.6 | 90.6 | 91.7 | 93.4 | 94.2 |
| Massachusetts | 77.2 | 93.7 | 94.0 | 94.9 | 91.7 |
| Michigan | 82.6 | 88.2 | 87.7 | 95.3 | 96.6 |
| Minnesota | 77.3 | 77.9 | 78.1 | 79.3 | 79.9 |
| Mississippi | 79.3 | 81.4 | 82.6 | 83.5 | 84.6 |
| Missouri | 88.1 | 89.3 | 89.2 | 87.9 | 90.0 |
| Montana | 78.7 | 82.7 | 84.7 | 86.6 | 88.6 |
| Nebraska | 87.2 | 89.7 | 92.4 | 92.7 | 93.2 |
| Nevada | 92.2 | 92.6 | 93.3 | 94.1 | 91.2 |
| New Hampshire | 79.7 | 91.9 | 92.2 | 93.1 | 90.8 |
| New Jersey | 62.8 | 66.0 | 80.1 | 82.8 | 84.5 |
| New Mexico | 81.7 | 87.8 | 89.3 | 89.9 | 91.1 |
| New York | 70.0 | 72.8 | 75.3 | 80.3 | 81.0 |
| North Carolina | 84.6 | 86.0 | 88.3 | 89.6 | 90.0 |
| North Dakota | 93.2 | 93.5 | 94.3 | 95.5 | 96.3 |
| Ohio | 92.7 | 93.2 | 93.2 | 93.9 | 94.2 |
| Oklahoma | 84.0 | 88.4 | 89.9 | 91.7 | 92.5 |
| Oregon | 87.6 | 89.3 | 89.8 | 90.7 | 91.2 |
| Pennsylvania | 72.0 | 73.6 | 83.5 | 85.5 | 94.3 |
| Rhode Island | 68.4 | 70.1 | 71.7 | 72.5 | 74.1 |
| South Carolina | 85.5 | 87.1 | 90.0 | 91.4 | 91.5 |
| South Dakota | 79.3 | 83.5 | 85.7 | 86.7 | 87.7 |
| Tennessee | 87.5 | 88.7 | 90.9 | 91.2 | 91.3 |
| Texas | 82.1 | 84.2 | 83.3 | 85.4 | 86.5 |
| Utah | 90.2 | 92.2 | 94.1 | 94.6 | 95.1 |
| Vermont | 78.6 | 91.1 | 91.8 | 92.9 | 94.8 |
| Virginia | 85.7 | 88.6 | 87.2 | 87.3 | 87.6 |
| Washington | 89.9 | 91.2 | 91.7 | 92.9 | 93.8 |
| West Virginia | 90.8 | 90.1 | 92.1 | 93.5 | 94.2 |
| Wisconsin | 85.2 | 89.0 | 89.4 | 90.9 | 92.7 |
| Wyoming | 83.3 | 84.9 | 86.4 | 87.1 | 87.3 |

NOTE: Other practitioners includes limited license practitioners and non-physician practitioners.

SOURCE: CMS/OFM

September 2001

**Physician Assignment Rates as a Percent of Allowed Charges by State
Fiscal Year 2000**

| CMS Region/State | Assignment Rate | CMS Region/State | Assignment Rate |
|----------------------|-----------------|------------------|-----------------|
| National | 99.0 | | |
| Alabama | 99.7 | Montana | 98.4 |
| Alaska | 98.8 | Nebraska | 96.8 |
| Arizona | 94.9 | Nevada | 99.8 |
| Arkansas | 99.6 | New Hampshire | 99.2 |
| California | 99.1 | New Jersey | 98.0 |
| Colorado | 98.0 | New Mexico | 98.7 |
| Connecticut | 98.7 | New York | 98.5 |
| Delaware | 99.3 | North Carolina | 99.0 |
| District of Columbia | 98.6 | North Dakota | 99.4 |
| Florida | 99.5 | Ohio | 99.9 |
| Georgia | 99.3 | Oklahoma | 99.0 |
| Hawaii | 99.4 | Oregon | 98.1 |
| Idaho | 89.6 | Pennsylvania | 99.8 |
| Illinois | 98.8 | Rhode Island | 99.9 |
| Indiana | 99.3 | South Carolina | 99.4 |
| Iowa | 99.1 | South Dakota | 92.8 |
| Kansas | 99.6 | Tennessee | 99.6 |
| Kentucky | 99.5 | Texas | 99.2 |
| Louisiana | 99.4 | Utah | 99.5 |
| Maine | 99.7 | Vermont | 99.6 |
| Maryland | 99.2 | Virginia | 99.6 |
| Massachusetts | 99.9 | Washington | 98.8 |
| Michigan | 99.6 | West Virginia | 99.6 |
| Minnesota | 94.8 | Wisconsin | 99.4 |
| Mississippi | 99.4 | Wyoming | 93.5 |
| Missouri | 99.2 | | |

SOURCE: CMS/OFM

September 2001

Medicare Physicians by State¹ 2000

| State | Number | Percent of Total | State | Number | Percent of Total |
|---------------------|----------------------|------------------|--------------------------|--------|------------------|
| Total | 865,479 ² | 100.0 | Mississippi | 5,613 | 0.6 |
| Alabama | 9,786 | 1.1 | Montana | 2,819 | 0.3 |
| Alaska | 1,722 | 0.2 | North Carolina | 23,117 | 2.7 |
| Arizona | 13,396 | 1.5 | North Dakota | 2,576 | 0.3 |
| Arkansas | 7,919 | 0.9 | Nebraska | 5,074 | 0.6 |
| California | 97,653 | 11.3 | New Hampshire | 5,202 | 0.6 |
| Colorado | 13,202 | 1.5 | New Jersey | 30,530 | 3.5 |
| Connecticut | 12,128 | 1.4 | New Mexico | 4,297 | 0.5 |
| Delaware | 2,287 | 0.3 | New York | 4,365 | 0.5 |
| District Columbia | 4,284 | 0.5 | Ohio | 68,769 | 7.9 |
| Florida | 43,666 | 5.0 | Oklahoma | 34,898 | 4.0 |
| Georgia | 20,816 | 2.4 | Oregon | 7,802 | 0.9 |
| Hawaii ³ | 4,335 | 0.5 | Pennsylvania | 11,066 | 1.3 |
| Iowa | 9,618 | 1.1 | Puerto Rico ⁴ | 48,706 | 5.6 |
| Idaho | 3,170 | 0.4 | Rhode Island | 6,420 | 0.7 |
| Illinois | 32,855 | 3.8 | South Carolina | 3,495 | 0.4 |
| Indiana | 16,459 | 1.9 | South Dakota | 10,570 | 1.2 |
| Kansas | 7,977 | 0.9 | Tennessee | 2,428 | 0.3 |
| Kentucky | 10,745 | 1.2 | Texas | 17,785 | 2.1 |
| Louisiana | 14,689 | 1.7 | | 49,742 | 5.7 |
| Massachusetts | 33,694 | 3.9 | Utah | 5,561 | 0.6 |
| Maryland | 19,650 | 2.3 | Virginia | 16,978 | 2.0 |
| Maine | 5,595 | 0.6 | Vermont | 2,692 | 0.3 |
| Michigan | 29,304 | 3.4 | Washington | 20,633 | 2.4 |
| Minnesota | 16,510 | 1.9 | Wisconsin | 17,610 | 2.0 |
| Missouri | 18,277 | 2.1 | West Virginia | 5,513 | 0.6 |
| | | | Wyoming | 1,470 | 0.2 |

¹ Medicare physicians are MD, DO, DDM, DDS, DPM, OD, and CH. ² Total includes unknown. ³ Guam included in Hawaii.

⁴ Virgin Islands included in Puerto Rico.

NOTES: Percent total does not necessarily equal sum of rounded components. Data as of May 2001.

SOURCES: CMS/OSP/CBC (Medicare Physician Registry)

September 2001

VIII. FINANCING

Selected reference material including contribution rates, taxable earning ceilings, cost-sharing provisions and Medicaid Federal matching percentages.

HIGHLIGHTS

- o *The Omnibus Budget Reconciliation Act of 1993 eliminated the Annual Maximum Taxable Earnings amounts for 1994 and later. For these years, the contribution rate is applied to all earnings in covered employment.*
- o *The Medicare Part A inpatient hospital deductible increased from \$40 in 1966 to \$792 in 2001.*
- o *The Medicare Coinsurance has remained at 20 percent since the beginning of the program. The annual Part B Deductible increased from \$50 beginning July 1966 to \$100 beginning January 1991.*
- o *The Medicare Part B premiums increased from \$3 per month in 1966 to \$50.00 per month in 2001.*

Financing of Medicare Programs

Source of Income

HI Trust Fund

1. Payroll taxes *
2. Transfers from railroad retirement account
3. General revenue for
 - a. uninsured persons
 - b. military wage credits
4. Premiums from voluntary enrollees
5. Interest on investments

* Contribution rate

| | |
|----------------------------------|-------------------|
| Employees and employers, each | 1.45% |
| Self employed | 2.90% |
| Maximum taxable amount (CY 2001) | none ¹ |

Voluntary HI Premium²

Monthly Premium (2001): \$300

SMI Trust Fund

1. Premiums paid by or on behalf of enrollees
2. General revenue
3. Interest on investments

Part B Premium

Monthly Basic Premium (2001): \$50.00

¹ The Omnibus Reconciliation Act of 1993 eliminated the Annual Maximum Taxable Earnings amounts for 1994 and later. For these years, the contribution rate is applied to all earnings in covered employment.

² Premium paid for voluntary participation of individuals aged 65 and over not otherwise entitled to hospital insurance and of certain disabled individuals who have exhausted other entitlement. A reduced premium of \$165 is available to individuals aged 65 and over who are not otherwise entitled to hospital insurance but who have, or whose spouse has or had, at least 30 quarters of coverage under Title II of the Social Security Act.

Financing of Medicaid Programs Fiscal Year 2001

| Federal Contributions | Percent |
|---|---------|
| 1. Medical Vendor Payments ¹ | 50-83 |
| 2. Family Planning Services | 90 |
| 3. Administrative Costs | 50 |
| 4. Development of Management Information Systems ² | 90 |
| 5. Operation of Management Information Systems | 75 |
| 6. Skilled Nursing Facility, Inspectors | 75 |
| 7. Intermediate Care Facility for the Mentally Retarded, Inspectors | |
| a. Salaries, Fringe Benefits, Travel & Training | 75 |
| b. All Other Costs | 50 |
| 8. Skilled Professional Medical Personnel | 75 |
| 9. State Medicaid Fraud and Abuse Units | 75 |
| 10. PRO Performance Review | 75 |
| 11. Systematic Alien Verification for Entitlements System | 100 |
| 12. Preadmission Screening and Annual Resident Review | 75 |
| 13. Indian Health Services | 100 |
| 14. TANF Allocation Enhanced Administrative Match ³ | 75-90 |

¹ Range reflects floor to ceiling percentages available under statute in any fiscal year. The ceiling for children's medical assistance vendor payments under sections 1905(u)(2) and 1905 (u)(3) is 85 percent.

² After approval of an application for 90% rate by CMS.

³ Special transitional enhanced match for certain administrative expenditures attributable to the costs of Medicaid eligibility determinations with the advent of the Temporary Assistance to Needy Families (TANF) program (section 1931).

SOURCE: CMS/CMSO

September 2001

**Medicare Cost Sharing and Premium Amounts for
Hospital Insurance¹**

| Deductible (IHD) | Inpatient Hospital | | SNF ³ | | Hospital Insurance Monthly Premium ⁴ |
|-----------------------------------|----------------------------|---|---|---------------------------------|--|
| | Daily Coinsurance | | Daily | Coinsurance | |
| | Covers first 60 days | 61st through 90th days (1/4 x IHD) | LTR ² after 90 days (1/2 x IHD) | after 20 days (1/8 x IHD) | |
| Beginning in January unless noted | | | | | |
| July | 1966 | \$40 | \$10 | (⁵) | (⁵) |
| | 1970 | 52 | 13 | 26 | 6.50 |
| | 1980 | 180 | 45 | 90 | 22.50 |
| | 1985 | 400 | 100 | 200 | 50.00 |
| | 1990 | 592 | 148 | 296 | 74.00 |
| | 1991 | 628 | 157 | 314 | 78.50 |
| | 1992 | 652 | 163 | 326 | 81.50 |
| | 1993 | 676 | 169 | 338 | 84.50 |
| | 1994 | 696 | 174 | 348 | 87.00 |
| | 1995 | 716 | 179 | 358 | 89.50 |
| | 1996 | 736 | 184 | 368 | 92.00 |
| | 1997 | 760 | 190 | 380 | 95.00 |
| | 1998 | 764 | 191 | 382 | 95.50 |
| | 1999 | 768 | 192 | 384 | 96.00 |
| | 2000 | 776 | 194 | 388 | 97.00 |
| | 2001 | 792 | 198 | 396 | 99.00 |

¹ Hospital Insurance covers all expenses in "benefit period" except deductible and coinsurances shown below.

² LTR is lifetime reserve.

³ SNF is skilled nursing facility.

⁴ Premium paid for voluntary participation of individuals aged 65 or older not otherwise entitled to hospital insurance and of certain disabled individuals who have exhausted other entitlement.

⁵ Benefit not provided.

⁶ Beginning in July for years 1973 through 1982. Set to 33/76 times the IHD, rounded to the nearest dollar, for years 1973 through 1988.

⁷ Beginning in January 1984 and succeeding years.

⁸ Set at the estimated actuarial value of incurred benefits and administrative expenses for hospital insurance entitled aged beneficiaries, rounded to the nearest dollar, for 1989 and succeeding years.

⁹ For 1994 and later, a reduced premium is available to individuals aged 65 or older who are not otherwise entitled to hospital insurance but who have, or whose spouse has or had, at least 30 quarters of coverage under Title II of the Social Security Act. For 2001, the reduced premium is \$165.

SOURCE: CMS/OACT

September 2001

Medicare Cost Sharing and Premium Amounts for Supplementary Medical Insurance

| Annual Deductible | Coinsurance | Monthly Premiums | | |
|---------------------------------------|---------------------|--|--------------------|----------------------------|
| | | For Enrollee (aged and disabled) ¹ | | Government Amounts Aged |
| | | | | |
| Beginning July unless otherwise noted | | | | |
| 1966 | \$50 | 20% | \$3.00 | \$3.00 |
| 1970 | 50 ^{2 3} | 20% ³ | 4.00 | 4.00 |
| 1975 | 60 ⁴ | 20% ⁵ | 6.70 | 6.70 |
| 1980 | 60 | 20% | 8.70 | 18.10 |
| 1985 | 75 ^{6 7 8} | 20% ⁶ | 15.50 ⁹ | 46.50 ⁹ |
| 1990 | 75 | 20% | 28.60 | 85.80 |
| 1991 | 100 | 20% | 29.90 | 95.30 |
| 1992 | 100 | 20% | 31.80 | 89.80 |
| 1993 | 100 | 20% | 36.60 | 104.40 |
| 1994 | 100 | 20% | 41.10 | 82.50 |
| 1995 | 100 | 20% | 46.10 | 100.10 |
| 1996 | 100 | 20% | 42.50 | 127.30 |
| 1997 | 100 | 20% | 43.80 | 131.40 |
| 1998 | 100 | 20% | 43.80 | 132.00 |
| 1999 | 100 | 20% | 45.50 | 139.10 |
| 2000 | 100 | 20% | 45.50 | 138.30 |
| 2001 | 100 | 20% | 50.00 | 152.00 |
| | | | | 214.40 |

¹ Beginning July 1973 for the disabled.

² Beginning in January for 1967 and succeeding years.

³ Professional inpatient services of pathologists and radiologists not subject to deductible or coinsurance for the period April 1968 - December 1980.

⁴ Deductible was \$60 for the years 1973 - 1981.

⁵ Home health services are not subject to coinsurance, beginning July 1972.

⁶ Home health services are not subject to deductible, beginning 1981.

⁷ Professional inpatient services of pathologists and radiologists not subject to deductible and coinsurance only when physician accepts assignment for the period January 1981 - September 1982 and are subject to deductible and coinsurance for October 1982 and later.

⁸ Deductible was \$75 for the years 1982 - 1990.

⁹ Beginning in January for 1984 and succeeding years.

SOURCE: CMS/OACT

September 2001

**Medicare Annual Maximum Taxable Earnings and HI Contribution Rates
Calendar Years 1966 - 2001**

| Calendar Year | Annual Maximum Taxable Earnings | Contribution Rate ¹ | |
|----------------|---------------------------------|--------------------------------|---------------|
| | | Employees and employers, each | Self-employed |
| 1966 | \$6,600 | 0.35 | 0.35 |
| 1967 | 6,600 | 0.50 | 0.50 |
| 1968 | 7,800 | 0.60 | 0.60 |
| 1969 | 7,800 | 0.60 | 0.60 |
| 1970 | 7,800 | 0.60 | 0.60 |
| 1971 | 7,800 | 0.60 | 0.60 |
| 1972 | 9,000 | 0.60 | 0.60 |
| 1973 | 10,800 | 1.00 | 1.00 |
| 1974 | 13,200 | 0.90 | 0.90 |
| 1975 | 14,100 | 0.90 | 0.90 |
| 1976 | 15,300 | 0.90 | 0.90 |
| 1977 | 16,500 | 0.90 | 0.90 |
| 1978 | 17,700 | 1.00 | 1.00 |
| 1979 | 22,900 | 1.05 | 1.05 |
| 1980 | 25,900 | 1.05 | 1.05 |
| 1981 | 29,700 | 1.30 | 1.30 |
| 1982 | 32,400 | 1.30 | 1.30 |
| 1983 | 35,700 | 1.30 | 1.30 |
| 1984 | 37,800 | 1.30 | 2.60 |
| 1985 | 39,600 | 1.35 | 2.70 |
| 1986 | 42,000 | 1.45 | 2.90 |
| 1987 | 43,800 | 1.45 | 2.90 |
| 1988 | 45,000 | 1.45 | 2.90 |
| 1989 | 48,000 | 1.45 | 2.90 |
| 1990 | 51,300 | 1.45 | 2.90 |
| 1991 | 125,000 | 1.45 | 2.90 |
| 1992 | 130,200 | 1.45 | 2.90 |
| 1993 | 135,000 | 1.45 | 2.90 |
| 1994 and later | none ² | 1.45 | 2.90 |

¹ Percent of taxable earnings.

² The Omnibus Budget Reconciliation Act of 1993 eliminated the Annual Maximum Taxable Earnings amount for 1994 and later. For those years, the contribution rate is applied to all earnings in covered employment.

SOURCE: CMS/OACT

September 2001

Title XIX
Federal Medical Assistance Percentages
Fiscal Years 1999 - 2002

| | 1999 | 2000 | 2001 | 2002 | 1999 | 2000 | 2001 | 2002 |
|-----------------------|-------|-------|-------|-------|--------------------------|-------|-------|-------|
| Alabama | 69.27 | 69.57 | 69.99 | 70.45 | Missouri | 60.24 | 60.51 | 61.03 |
| Alaska* | 59.80 | 59.80 | 60.13 | 57.38 | Montana | 71.73 | 72.30 | 73.04 |
| Arizona | 65.50 | 65.92 | 65.77 | 64.98 | Nebraska | 61.46 | 60.88 | 60.38 |
| Arkansas | 72.96 | 72.85 | 73.02 | 72.64 | Nevada | 50.00 | 50.00 | 50.36 |
| California | 51.55 | 51.67 | 51.25 | 51.40 | New Hampshire | 50.00 | 50.00 | 50.00 |
| Colorado | 50.59 | 50.00 | 50.00 | 50.00 | New Jersey | 50.00 | 50.00 | 50.00 |
| Connecticut | 50.00 | 50.00 | 50.00 | 50.00 | New Mexico | 72.98 | 73.32 | 73.80 |
| Delaware | 50.00 | 50.00 | 50.00 | 50.00 | New York | 50.00 | 50.00 | 50.00 |
| District of Columbia* | 70.00 | 70.00 | 70.00 | 70.00 | North Carolina | 63.07 | 62.49 | 62.47 |
| Florida | 55.82 | 56.52 | 56.62 | 56.43 | North Dakota | 69.94 | 70.42 | 69.99 |
| Georgia | 60.47 | 59.88 | 59.67 | 59.00 | Ohio | 58.26 | 58.67 | 59.03 |
| Hawaii | 50.00 | 51.01 | 53.85 | 56.34 | Oklahoma | 70.84 | 71.09 | 71.24 |
| Idaho | 69.85 | 70.15 | 70.76 | 71.02 | Oregon | 60.55 | 59.96 | 60.00 |
| Illinois | 50.00 | 50.00 | 50.00 | 50.00 | Pennsylvania | 53.77 | 53.82 | 53.62 |
| Indiana | 61.01 | 61.74 | 62.04 | 62.04 | Rhode Island | 54.05 | 53.77 | 53.79 |
| Iowa | 63.32 | 63.06 | 62.67 | 62.86 | South Carolina | 69.85 | 69.95 | 70.44 |
| Kansas | 60.05 | 60.03 | 59.85 | 60.20 | South Dakota | 68.16 | 68.72 | 68.31 |
| Kentucky | 70.53 | 70.55 | 70.39 | 69.94 | Tennessee | 63.09 | 63.10 | 63.79 |
| Louisiana | 70.37 | 70.32 | 70.53 | 70.30 | Texas | 62.45 | 61.36 | 60.57 |
| Maine | 66.40 | 66.22 | 66.12 | 66.58 | Utah | 71.78 | 71.55 | 71.44 |
| Maryland | 50.00 | 50.00 | 50.00 | 50.00 | Vermont | 61.97 | 62.24 | 62.40 |
| Massachusetts | 50.00 | 50.00 | 50.00 | 50.00 | Virginia | 51.60 | 51.67 | 51.85 |
| Michigan | 52.72 | 55.11 | 56.18 | 56.36 | Washington | 52.50 | 51.83 | 50.70 |
| Minnesota | 51.50 | 51.48 | 51.11 | 50.00 | West Virginia | 74.47 | 74.78 | 75.34 |
| Mississippi | 76.78 | 76.80 | 76.82 | 76.09 | Wisconsin | 58.85 | 58.78 | 59.29 |
| | | | | | Wyoming | 64.08 | 64.04 | 64.60 |
| | | | | | Territories ¹ | 50.00 | 50.00 | 50.00 |

¹ Includes American Samoa, Guam, N. Mariana Islands, Puerto Rico and Virgin Islands. Subject to Federal CAP.

* Per Section 4725 of the Balanced Budget Act of 1997 (P.L. 105-33). Alaska FY 2001 and FY 2002 per Section 706 of Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (P.L. 106-554).

SOURCE: CMS/CMSO

September 2001

**Geographical Jurisdictions of CMS Regional Office
Federal Medical Assistance Percentages
and Enhanced Federal Medical Assistance Percentages
Fiscal Year 2002**

| Region | FMAP | EFMAP ¹ | Region | FMAP | EFMAP ¹ |
|--------------------------|------|--------------------|---------------------|------|--------------------|
| I. Boston | | | II. New York | | |
| Connecticut | 50 | 65 | New Jersey | 50 | 65 |
| Maine | 67 | 77 | New York | 50 | 65 |
| Massachusetts | 50 | 65 | Puerto Rico | 50 | 65 |
| New Hampshire | 50 | 65 | Virgin Islands | 50 | 65 |
| Rhode Island | 52 | 67 | | | |
| Vermont | 63 | 74 | | | |
| III. Philadelphia | | | IV. Atlanta | | |
| Delaware | 50 | 65 | Alabama | 70 | 79 |
| District of Columbia | 70 | 79 | Florida | 56 | 70 |
| Maryland | 50 | 65 | Georgia | 59 | 71 |
| Pennsylvania | 55 | 68 | Kentucky | 70 | 79 |
| Virginia | 51 | 66 | Mississippi | 76 | 83 |
| West Virginia | 75 | 83 | North Carolina | 61 | 73 |
| | | | South Carolina | 69 | 79 |
| | | | Tennessee | 64 | 75 |
| V. Chicago | | | VI. Dallas | | |
| Illinois | 50 | 65 | Arkansas | 73 | 81 |
| Indiana | 62 | 73 | Louisiana | 70 | 79 |
| Michigan | 56 | 69 | New Mexico | 73 | 81 |
| Minnesota | 50 | 65 | Oklahoma | 70 | 79 |
| Ohio | 59 | 71 | Texas | 60 | 72 |
| Wisconsin | 59 | 71 | | | |
| VII. Kansas City | | | VIII. Denver | | |
| Iowa | 63 | 74 | Colorado | 50 | 65 |
| Kansas | 60 | 72 | Montana | 73 | 81 |
| Missouri | 61 | 73 | North Dakota | 70 | 79 |
| Nebraska | 60 | 72 | South Dakota | 66 | 76 |
| | | | Utah | 70 | 79 |
| | | | Wyoming | 62 | 73 |
| IX. San Francisco | | | X. Seattle | | |
| Arizona | 65 | 75 | Alaska | 57 | 70 |
| California | 51 | 66 | Idaho | 71 | 80 |
| Hawaii | 56 | 69 | Oregon | 59 | 71 |
| Nevada | 50 | 65 | Washington | 50 | 65 |
| American Samoa | 50 | 65 | | | |
| Guam | 50 | 65 | | | |
| N. Mariana Islands | 50 | 65 | | | |

¹ The "Enhanced Federal Medical Assistance Percentages" are for use in the Children's Health Insurance Program under Title XXI of the Social Security Act, and for some or all of children's medical assistance under Title XIX sections 1905(u)(2) and (u)(3).

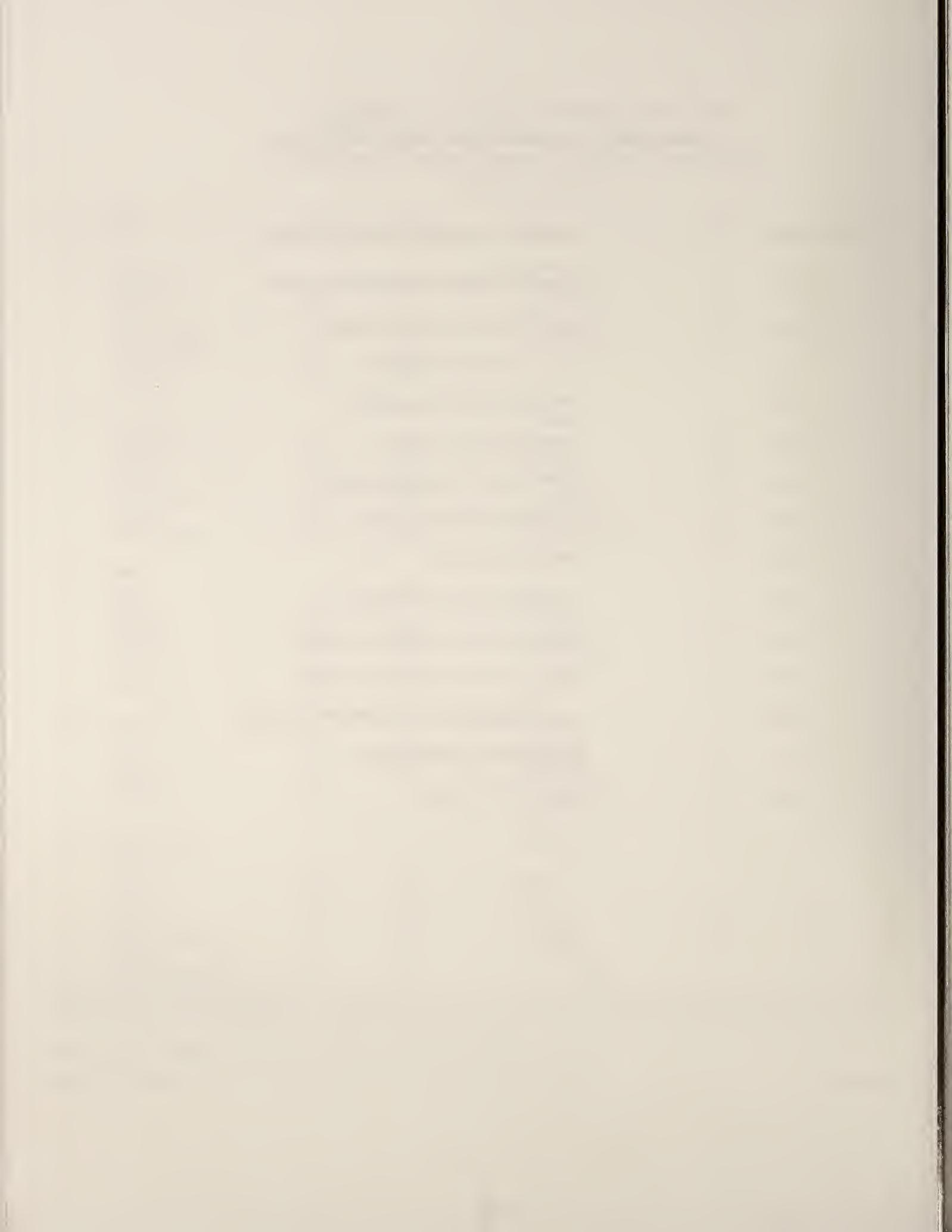
NOTE: For table display only, percentages are rounded to the nearest whole percent.

SOURCE: CMS/CMSO

September 2001

Glossary of Acronyms for Data Source Attribution

| | |
|-------------|---|
| DHHS | Department of Health and Human Services |
| CMS | Centers for Medicare & Medicaid Services |
| HCFA | Health Care Financing Administration |
| OIS | Office of Information Services |
| OFM | Office of Financial Management |
| OSP | Office of Strategic Planning |
| HCIS | HCFA Customer Information System |
| CBC | Center for Beneficiary Choices |
| OACT | Office of the Actuary |
| CMM | Center for Medicare Management |
| CMSO | Center for Medicaid and State Operations |
| OCSQ | Office of Clinical Standards and Quality |
| HRSA | Health Resources and Services Administration |
| SSA | Social Security Administration |
| OACT | Office of the Actuary |

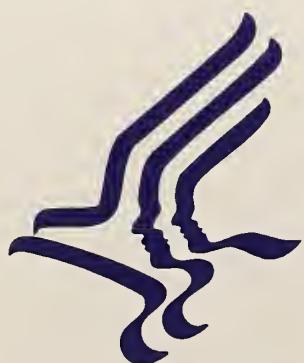


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